

Rules

RULE

Board of Elementary and Secondary Education

Bulletin 741C Louisiana Handbook for School
AdministratorsC Jobs for Louisiana's
Graduates (JLG) Program (LAC 28:I.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended Bulletin 741, *Louisiana Handbook for School Administrators*, referenced in LAC 28:I.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). The revision will add a statewide course elective code for the Jobs for Louisiana's Graduates (JLG) Program. The change is being requested to provide a standard statewide code, eliminating the process to apply for a Locally Initiated Elective and create course code.

Title 28 EDUCATION

Part I. Board of Elementary and Secondary Education Chapter 9. Bulletins, Regulations, and State Plans Subchapter A. Bulletins and Regulations

§901. School Approval Standards and Regulations

A. Bulletin 741

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AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A.(10), (11), and (15); R.S. 17:7.(5), (7), and (11); R.S. 17:10 and 11; R.S. 17:22.(2) and (6).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 1:483 (November 1975), amended by the Board of Elementary and Secondary Education in LR 27:694 and 695 (May 2001), LR 27:815 (June 2001) LR 28:1936 (September 2002).

Jobs for Louisiana's Graduates (JLG) Program

2.105.08

Jobs for Louisiana's Graduates elective course credit toward high school graduation shall be awarded to any student who successfully masters the Jobs for Louisiana's Graduates' core competencies and other additional competencies in the model curriculum.

Jobs for Louisiana's Graduates shall be as follows:

| Course Title | Units |
|---|------------------|
| Jobs for Louisiana's Graduates I, II, III, and IV | 1-3 credits each |

Teachers shall be certified in any secondary certification or Jobs for Louisiana's Graduates VTIE certification.

Weegie Peabody
Executive Director

0209#023

RULE

Board of Elementary and Secondary Education

Bulletin 741C Louisiana Handbook For School
AdministratorsC Policy for Louisiana's
Public Education Accountability System
(LAC 28:I.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended to Bulletin 741, referenced in LAC 28:I.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). Act 478 of the 1997 Regular Legislative Session called for the development of an accountability system for the purpose of implementing fundamental changes in classroom teaching by helping schools and communities focus on improved student achievement. The state's accountability system is an evolving system with different components. The changes more clearly explain and refine existing policy as it pertains to the appeals process for district accountability

Title 28 EDUCATION

Part I. Board of Elementary and Secondary Education Chapter 9. Bulletins, Regulations, and State Plans Subchapter A. Bulletins and Regulations

§901. School Approval Standards and Regulations

A. Bulletin 741

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AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6.A.(10), (11), and (15); R.S. 17:7.(5), (7), and (11); R.S. 17:10, 11; R.S. 17:22.(2) and (6).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 1:483 (November 1975), amended by the Board of Elementary and Secondary Education LR 26:635 (April, 2000), LR 26:1260 (June, 2000), LR 26:1260, 1261 (June, 2000), LR 28:1936 (September 2002).

The Louisiana School and District Accountability System Appeals Procedures

1.007.05 An appeal procedure has been authorized by the State Board of Elementary and Secondary Education (SBESE) and shall be used to address unforeseen and unusual factors impacting districts in Louisiana.

The department shall review appeal requests and make recommendations to the SBESE within 60 days of receipt of an appeal request. Within this interval, the department shall notify LEAs of its recommendations and allow them to respond. The department's recommendations and LEA responses will be forwarded to SBESE for final disposition.

An *appeal* is generally defined as a request for the calculation or recalculation of the District Performance Score (DPS) and/or District Responsibility Index (DRI). See Standard 1.007.01.)

Criteria for Appeal

A district may request an appeal if:

1. the recalculated District Performance Score (DPS) results in a change of at least five points (+/-5);
2. the overall recalculated District Responsibility Index (See Standard 1.007.01.) and/or one of its four indicators result(s) in a change in the performance label assigned;
3. factors beyond the reasonable control of the local governing board of education (LEA) and also beyond the reasonable control of the school(s) within the LEA exist.

General Guidelines: Local Board of Education-Level Requests

The Superintendent or official representative of each local governing board of education shall complete the LDE's Appeals Request Form and provide supporting documentation to the Division of School Standards, Accountability, and Assistance no later than 30 calendar days after the official release of the official release of the District Performance Scores and the Performance Labels for the District Responsibility Index.

Data corrections shall not be grounds for an appeal request unless evidence attributes data errors to the LDE.

Supporting documentation for appeal requests should clearly identify those data that are erroneous due to LDE error.

General Guidelines: Parent/School-Level Requests

Parents or individual schools seeking an appeal on issues relating to Louisiana's District and School Accountability System shall file their requests, regardless of the type, through the Superintendent, or appointed representative as authorized by the local governing board of education.

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RULE

Board of Elementary and Secondary Education

Bulletin 741C Louisiana Handbook For School
Administrators C Pre-GED/Skills Option Program
(LAC 28:I.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted an amendment to Bulletin 741, *Louisiana Handbook for School Administrators*, referenced in LAC 28:I.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). This action is will update Pre-GED/Skills Options Policy. In revising the testing language the Pre-GED/Skills Options Policy will be aligned with Special Education Guidelines.

Title 28 EDUCATION

Part I. Board of Elementary and Secondary Education

Chapter 9. Bulletins, Regulations, and State Plans

Subchapter A. Bulletins and Regulations

§901. School Approval Standards and Regulations

A. Bulletin 741

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HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 1:483 (November 1975), amended by the Board of Elementary and Secondary Education in LR 27:694 and 695 (May 2001), LR 27:815 (June 2001), LR 28:1937 (September 2002).

Pre-GED/Skills Option Program

1.151.05. A school system shall implement the Pre-GED/Skills Option Program and shall obtain approval from the State Department of Education at least 60 days prior to the establishment of the program. Program components may be phased in with full implementation required by school year 2002-2003.

(See High Stakes Testing Policy in Bulletin 1566.)

A program application describing the Pre-GED/Skills Program shall be submitted and shall address the following program requirements.

1. Students shall be 16 years of age or older and meet one or more of the following criteria:
 - *shall have failed LEAP 21 English language arts and/or math 8th grade test for one or two years;
 - *shall have failed English language arts, math, science and/or social studies portion of the GEE;
 - *shall have participated in out-of-level testing or alternate assessment;
 - *shall earned not more than 5 Carnegie units by age 17, not more than 10 Carnegie units by age 18, not more than 15 Carnegie units by age 19.
2. Enrollment is voluntary and requires parent/guardian consent.
3. Counseling is a required component of the program.
4. The program shall have both a Pre-GED/academic component and a Skills/job training component. Traditional Carnegie credit course work may be offered but is not required. Districts are encouraged to work with local postsecondary institutions, youth-serving entities, and/or businesses in developing the Skills component.
5. BESE will require the Pre-GED/Skills Option Program to be on a separate site. Exceptions will be considered based on space availability, transportation or a unique issue.
6. Students who complete only the Skills section will be given a Certificate of Skills completion.
7. Students will count in the October 1 MFP count.
8. Students will be included in School Accountability. While enrolled, they will be required to take the ninth grade Iowa Test, participate in out-of-level testing or alternate assessment. All programs will be considered Option 1 for alternative education purposes, and student data will be sent back to the high schools to be included in the attendance and dropout rates and in the Iowa Test scores.
(See Standards 2.006.17 or Bulletin 741.)

Refer to the Guidelines of Application Packet provided by the Louisiana Department of Education for the requirements to establish a Pre-GED/Skills Option Program.

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RULE

Board of Elementary and Secondary Education

Bulletin 904C Guidelines for the Submission of a
Charter School Proposal CFiscal Oversight Procedures
(LAC 28:I.904)

Editor's Note: This Rule is being repromulgated to correct a citation error. The original rule may be viewed in the June 20, 2002 edition of the *Louisiana Register* on pages 1187-1189.

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has amended Bulletin 904C *Guidelines for the Submission of a Charter School Proposal* referenced in LAC 28:I.904. The revisions will improve the monitoring of fiscal and programmatic compliance issues common to charter schools and improve the delivery of technical assistance to charter schools that receive state and/or federal funding from

BESE or LDOE. This action is required by Act 991 (HB 1282) of the 2001 Regular Session, which revised the charter school law by adding two new subsections that deal with the fiscal practices and reporting requirements of charter schools.

Title 28 EDUCATION

Part I. Board of Elementary and Secondary Education

Chapter 9. Bulletins, Regulations, and State Plans

Subchapter A. Bulletins and Regulations

§904. Charter Schools

A. - B. ...

C. Charter School Fiscal Oversight Procedures

1. Initial Budgets as Submitted in Charter School Proposals. The current guidelines approved by BESE require Type 2 charter schools to provide detailed budget data in their proposal. This data is reviewed by BESE staff, the proposal review committee, and the LDOE Division of Education Finance. The budget, as well as the entire proposal is incorporated into the charter agreement. The budget must include:

- a. summary of revenues for years 1-5 (including all funding sources);
- b. summary of expenditures by category, for years 1-5;
- c. details of budget expenditures by object code, for years 1-5;
- d. explanatory narratives by object code of budget expenditures;
- e. spreadsheets comparing revenues and expenditures for years 1-5;
- f. assurances that the charterer will adhere to the Local Government Budget Act (R.S. 39:1301-1315). [Each charter school will submit an annual operating budget to BESE no later than July 1 of each year using the standard budget summary forms and budget detail forms developed by BESE and LDOE, and using guidance provided in the LAUGH Handbook (Bulletin 1929).]

2. Financial Reporting

a. Each charter school will submit an Annual Financial Report to LDOE that is required around September 30 of each year.

b. Each charter school will submit quarterly reports to BESE listing revenues and expenditures for that quarter and cumulative for the fiscal year to date. Those reports will be due on October 15, January 15, April 15 and July 15, using forms developed by BESE and LDOE.

3. State And Federal Allocations By Student Membership Count. Each Type 2 charter school must include in its original proposal projections of student enrollment for the first five years.

a. State Allocations

i. Enrollment projections are verified with the school principal or other designated school representative prior to the beginning of each school year.

ii. The current guidelines approved by BESE require that initial monthly allocations shall be calculated by the LDOE, Division of Education Finance, using these projected student counts each year, and once the October 1 student counts are submitted, monthly allocations are re-calculated and adjusted to reflect the actual student count.

iii. In order to provide for adjustments in allocations made to Type 2 charter schools, an additional pupil membership count will be conducted on or about February 15 to reflect any changes in pupil enrollment that may occur after October 1 of each year. Any allocation adjustment made pursuant to this February 15 count shall not be retroactive and shall be applicable for the period from March 1 through the end of the school year.

iv. The data acquired from the pupil membership counts will be used by LDOE for trend analysis to project allocations for the next school year.

b. Federal Allocations

i. The Division of Education Finance will provide to BESE staff with a quarterly report of allocations of federal program funds made to charter schools.

ii. The responsible Division/Program Directors within LDOE will provide periodic reports to BESE on the status of the federally funded program(s) at each charter school.

iii. Charter schools must submit copies of invoices or similar documentation to BESE to substantiate all reimbursement requests for federal grant funds issued from the BESE office. All requests for reimbursements must be signed by the duly authorized representative of the charterer.

4. Audits of State And Federal Funds. The guidelines and the charter agreement include language notifying each charter school that it is subject to audit by BESE, LDOE, the Legislative Auditor, and any other appropriate state official.

a. The charterer must agree to follow state audit and reporting requirements established by the Legislative Auditor and R.S. 24:513-556.

5. General Fiscal Procedures

a. The charter school guidelines and/or the charter contract signed by each charterer stipulates that:

i. "The parties acknowledge that the Louisiana Department of Education is developing procedures and rules to ensure fiscal and educational accountability for charter schools, the content of which shall be incorporated into this contract upon their adoption as regulations by BESE."

ii. "The charterer shall present all documentation requested by BESE or LDOE relative to compliance with law, guidelines or contract within 10 days."

iii. "Charterer shall allow representatives from BESE, the Louisiana Department of Education, the Louisiana Legislative Auditor, any other appropriate state officials, and contracted evaluators to visit the school site at any time to insure that the school is being operated pursuant to its charter and applicable laws and regulations."

iv. "Charterer shall allow the state officials full access to its financial and educational records, reports, files and documents of any kind."

v. "Charterer further agrees to supply timely all reports, test results and other information which are required under its charter, state law and regulations."

b. Any charter school that receives state or federal money directly from BESE or LDOE. The president or chairman of the non-profit corporation (charterer) that operates the charter school will be the official contact and duly authorized representative for all notices or inquiries issued by BESE, LDOE, or other state or federal agencies. The board of directors of the non-profit corporation may identify and officially designate by board motion, a member

of that board of directors other than the president or chairman who will serve as their duly authorized representative. Copies of all notices or inquiries will also be provided to the school principal.

c. All transactions or requests submitted by the charterer to BESE must be signed by the duly authorized representative of the charterer.

6. Technical Assistance

a. BESE and LDOE will conduct annual fiscal and programmatic inservice meetings or workshops. It is the responsibility of the charterer to send appropriate staff or representatives of the charter school to these inservice meetings.

b. BESE and LDOE will provide charterer with copies of:

i. LAUGH Guide (Louisiana Accounting and Uniform Government Handbook) (LDOE Bulletin 1929);

ii. Best Financial Practices for Louisiana Local Government (Louisiana Legislative Auditor);

iii. School Activity Accounts (Accounting, Auditing, and Financial Reporting) (Louisiana Legislative Auditor).

NOTE: However, it is the responsibility of the charterer to institute and implement acceptable programmatic and fiscal procedures.

7. Remedies and Penalties

a. Per BESE action in December 1999, the Board will withhold funds to charter schools that do not submit requested data by designated deadlines to Board staff, the Department, and the evaluators contracted by BESE until such time as the required information is provided.

b. Any failure by the charterer to provide required fiscal or programmatic information will be reported to BESE at its next scheduled meeting. The duly authorized representative of the charterer must then appear before BESE at that meeting to explain the failure to provide the required information.

c. R.S. 17:3992 provides for revocation of a charter upon determination by the chartering authority that the charter school or its officers or employees did any of the following:

i. committed a material violation of any of the conditions, standards, or procedures provided for in the approved charter;

ii. failed to meet or pursue within the agreed timelines any of the academic and other educational results specified in the approved charter;

iii. failed to meet generally accepted accounting standards of fiscal management;

iv. violated any provision of law applicable to a charter school, its officers, or employees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3971-3973, 3981-3983, 3991-3993, 3995-3999, and 4001; and R.S. 39:75.C(1)(b).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 24:1683 (September 1998); amended LR 25:249 (February 1999); LR 26:460 (March 2000), LR 28:1187 (June 2002), repromulgated LR 28:1938 (September 2002).

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RULE

Board of Elementary and Secondary Education

Bulletin 103C Louisiana Health Education
Content Standards (LAC 28:LIX.Chapters 1-11)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education adopted Bulletin 103, *Louisiana Health Education Content Standards*. Bulletin 103 will be printed in codified format as Part LIX of the Louisiana Administrative Code. The *Louisiana Health Education Content Standards* will be disseminated to local school districts following publication. The standards and benchmarks therein will be used to guide curriculum development for all health education courses. Implementation of the guidelines set forth in the *Louisiana Health Education Content Standards* will improve educational practices and coherence in the local health education programs. The *Louisiana Health Education Content Standards* will align the curriculum with desired changes to promote a more relevant health education curriculum for all students.

Title 28

EDUCATION

Part LIX. Bulletin 103C Louisiana Health Education

Content Standards

Chapter 1. General Provisions

§101. Introduction

A. In this era of educational reform, health education standards are critical to improving quality of life through student learning. They provide direction for moving toward excellence in teaching health information. Quality health education provides guidance for maintaining a healthy lifestyle for all individuals, including females and those with disabilities. Through competency of key concepts and skills outlined in this document, students will become health-literate, effective problem-solvers, self-directed learners, effective communicators, and responsible, productive citizens.

B. Health Literacy is the capacity of an individual to obtain, interpret, and comprehend basic health information and services and the competence to use such information and services in ways that are health enhancing for the individual, family, and community. Four characteristics are identified as being essential to health literacy. The health-literate person is:

1. a critical thinker and problem solver;
2. a responsible, productive person;
3. a self-directed learner; and
4. an effective communicator.

C. A fundamental mission of schools is the promotion of healthy behaviors by providing individuals with knowledge, abilities, and skills to become healthy and productive citizens. Optimal health leads to effective living, learning and enjoyment of life for all individuals. It is also an asset for students facing intense competition, peer pressure, stress, and a full program of intellectual and physical activities. The primary purpose of health education is the translation and integration of health concepts into personal behavior.

D. The Louisiana Health Education Content Standards offer a coherent vision of what it means to be health-literate.

These standards identify the knowledge and skills essential to the development of health literacy. In addition, the standards provide a guide for enhancing and continuing education of teachers and as a blueprint for local curriculum developers. The standards are broad enough to allow flexibility according to strengths or challenges identified in each community and to make them culturally relevant.

E. Louisiana Health Education Content Standards establish a framework for interdisciplinary connections across learning areas and the inclusion of school health curriculum. This type of framework will facilitate a new and more informed consensus among Louisiana educators and the public to further refine the answers to the question: "What should all Louisiana students know and be able to do at the end of health education instruction?"

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1939 (September 2002).

§103. Goal

A. The goal of the standards project is to:

1. develop a framework of essential knowledge and skills for Louisiana students that reflects contemporary knowledge about teaching and learning;
2. prepare students to apply their knowledge in a variety of situations; and
3. prepare students for life-long learning.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1940 (September 2002).

§105. Definitions

Adolescent Risk BehaviorsCbehaviors identified by the U.S. Centers for Disease Control and Prevention (CDC) as being the most influential in the health of our nation's youth. These behaviors include avoidance of:

1. tobacco use;
2. dietary patterns that contribute to disease, sedentary lifestyle, sexual behaviors that result in HIV infection/other STDs and unintended pregnancy, alcohol and other drug use; and
3. behaviors that result in unintentional and intentional injuries.

Critical Thinker and Problem SolverChealth-literate individuals are critical thinkers and problem solvers who identify and creatively address health problems and issues at multiple levels, ranging from personal to international. They use a variety of sources to access the current, credible, and applicable information required to make sound health-related decisions. Furthermore, they understand and apply principles of creative thinking along with models of decision-making goal setting in a health-promotion context.

Effective CommunicatorsChealth-literate individuals who organize and convey beliefs, ideas and information about health through oral, written, artistic, graphic, and technologic mediums are effective communicators. They create a climate of understanding and concern for others by listening carefully and responding thoughtfully and presenting a supportive demeanor which encourages others to express themselves. They conscientiously advocate for positions, policies, and programs that are in the best interest

of society and intended to enhance personal, family, and community health.

Health Education StandardsCstandards specify what students should know and be able to do. They involve the knowledge and skills essential to the development of health literacy. That "knowledge" includes the most important and enduring ideas, issues and concepts in health education. Those "skills" include the ways of communicating, reasoning, and investigating which characterize health education. Health Education standards are not merely facts, rather, they identify the knowledge and skills students should master to attain a high level of competency in health education.

Health LiteracyCthe capacity of an individual to obtain, interpret, and understand basic health information and services and the competence to use such information and services in ways which are health enhancing.

Institution for Higher EducationCa college or university that awards undergraduate degrees and that may include programs of professional preparation for teachers.

Local Education AgencyCthe organization that has the responsibility for overseeing the public education of students within a community.

Performance IndicatorCspecific concepts and skills which fourth-, eighth-, and eleventh-grade students should know and be able to do to achieve the National Health Education Standards. They are intended to help educators focus on the essential knowledge and skills basic to the development of health-literate students. They serve the same purpose as the benchmarks in other standards documents. The performance indicators form a blueprint for organizing student assessment.

Responsible, Productive CitizensCindividuals who realize their obligation to ensure that their community is kept healthy, safe, and secure so that all citizens can experience a high quality of life. They also realize that this obligation begins with oneself. That is, they are responsible individuals who avoid behaviors which pose a health or safety threat to themselves and/or others, or an undue burden on society. Finally, they apply democratic and organizational principles in working collaboratively with others to maintain and improve individual, family, and community health.

School Health EducationCone component of the comprehensive school health program. This component includes the development, delivery, and evaluation of a planned instructional program and other activities for students pre-school through grade 12, for parents, and for school staff. It is designed to positively influence the health knowledge, attitudes, and skills of individuals.

School Health EducatorCa practitioner who is professionally prepared in the field of school health education, meets state teaching requirements, and demonstrates competence in the development, delivery, and evaluation of curricula for students and adults in the school setting that enhance health knowledge, attitudes, and problem-solving skills.

Self-Directed LearnerChealth-literate individuals are self-directed learners who have a command of the dynamic, changing health promotion and disease prevention knowledge base. They use literacy, numeracy, and critical thinking skills to gather, analyze, and apply health information as their needs and priorities change throughout

life. They also apply interpersonal and social skills in relationships to learn from and about others and, as a consequence, grow and mature toward high-level wellness.

State Education Agency the department of state government that has the responsibility for overseeing the public education of students within the state.

State Health Agency the department of state government that has the responsibility for recording and overseeing the health of citizens within the state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1940 (September 2002).

§107. Content Standards Foundation Skills

A. The Louisiana Content Standards Task Force has developed the following foundation skills that should apply to all disciplines.

1. Communication. A process by which information is exchanged and a concept of "meaning" is created and shared between individuals through a common system of symbols, signs, or behavior. Students should be able to communicate clearly, fluently, strategically, technologically, critically, and creatively in society and in a variety of workplaces. This process can best be accomplished through use of the following skills:

- a. reading;
- b. writing;
- c. speaking;
- d. listening;
- e. viewing; and
- f. visually representing.

2. Problem Solving. The identification of an obstacle or challenge and the application of knowledge and thinking process which include reasoning, decision-making, and inquiry in order to reach a solution using multiple pathways, even when no routine path is apparent.

3. Resource Access and Utilization. The process of identifying, locating, selecting, and using resource tools to help in analyzing, synthesizing, and communicating information. The identification and employment of appropriate tools, techniques, and technologies are essential in all learning processes. These resource tools include:

- a. pen;
- b. pencil;
- c. paper;
- d. audio/video material;
- e. word processors;
- f. computers;
- g. interactive devices;
- h. telecommunication; and
- i. other emerging technologies.

4. Linking and Generating Knowledge. The effective use of cognitive processes to generate and link knowledge across the disciplines and in a variety of contexts. In order to engage in the principles of continued improvement, students must be able to transfer and elaborate on these processes. *Transfer* refers to the ability to apply a strategy or content knowledge effectively in a setting or context other than that in which it was originally learned. *Elaboration* refers to monitoring, adjusting, and expanding strategies into other contexts.

5. Citizenship. The application of the understanding of the ideals, rights, and responsibilities of active participation in a democratic republic that includes:

- a. working respectfully and productively together for the benefit of the individual and the community;
- b. being accountable for one's civil, constitutional, and statutory rights; and
- c. mentoring others to be productive citizens and lifelong learners.

NOTE: These foundation skills are listed numerically in parentheses at the end of each benchmark.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1941 (September 2002).

§109. Need and Context for Reform

A. Education reform is driven by concerns of government and business leaders for the future of the country in a technological world economy. Parents and community members concur that calling for reform will enable students to become responsible members of their families and communities. It is agreed that essential preparation for success in work and family and community settings includes acquisition the foundation skills. Future workers and members of society need the ability to apply knowledge from multiple sources and to work cooperatively.

B. Health: A Key Component

1. Educational excellence in traditional content areas may not be sufficient to secure the future competitiveness of the country. Alcohol, tobacco, and other drug use as well as low levels of physical activity, poor nutrition, injuries, teenage pregnancy, sexually transmitted diseases, and stress contribute to a lower health status and result in loss of work and school time.

2. Health education in schools is essential to enable students to acquire the knowledge and skills needed to practice good health. Implementation of planned, sequential health curricula has been linked to changes in students' attitudes and behaviors. Poor health habits often carry over into adulthood. Students who follow good health habits are more alert, perform at a higher level, are absent less, and have greater self-esteem. These traits carry over into adulthood. Healthy adults will be prepared to contribute to the nation's economic competitiveness by working more effectively and decreasing employee absenteeism. Due to an increase in disease prevention, fewer medical services will be required, thereby reducing health insurance costs.

3. Decreased business costs will increase productivity as a result of a workforce of healthy individuals. In addition, health knowledge and skills, when applied, ensure a better quality of life.

C. The Recognized Need

1. The major health problems facing the United States today are largely preventable, and attributable to a few types of behaviors. Such behaviors include those that lead to injury through violence or accidents, drug and alcohol abuse, poor nutrition, suicide, pregnancy and insufficient physical activity (*Surgeon General's Report*, 1996). Additionally, recent studies suggest that adolescent depression may approach 8 percent of the population, and approximately 15-20 percent of adolescents will express depression during

their teen years (Schlozman, 2001). It is important that we address these behaviors early in a child's education through school programs.

2. More children are developing habits that lead to unhealthy lifestyles. Findings from the *Surgeon General's Report* and the Centers for Disease Control and Prevention (CDC) indicate that as students age, they participate in fewer forms of physical activity. This finding, coupled with additional risk factors (e.g., tobacco and drug use, poor nutrition and poor eating habits, increase in sedentary activities) leads to an increasing incidence of cardiovascular disease, cancer, stroke, obesity, and Type II diabetes. For cardiovascular disease, cancer, and diabetes, Louisiana has higher rates than the national average (BRFSS, 1996).

3. The cost of cardiovascular diseases and stroke in the United States in 2001 was estimated at \$329.2 billion (AHA, 2002). This figure includes both direct cost health expenditures (the cost of physicians and other professionals, hospitals and nursing home services, medications, home health, and other medical durables) and indirect cost health expenditures (loss of productivity resulting from morbidity and mortality). Cardiovascular diseases claim the lives of more than 15,000 Louisiana residents each year making it the state's number one killer. Many of these lives could be saved if bystanders promptly phone 911, begin cardiopulmonary resuscitation (CPR), and if trained rescuers provide defibrillation within minutes.

4. Louisiana has alarming rates of obesity. In a recent report from the CDC, Louisiana was ranked twentieth out of 25 states for its level of obesity. In a similar report, New Orleans was found to be the most obese city in America. In 1996, 33 percent of adults in Louisiana reported being overweight according to the Behavioral Risk Factor Surveillance System (BRFSS). There is evidence to conclude that obesity-related diseases account for approximately 80 percent of the national health care budget, or about \$100 billion. Health-risk behaviors claim a high proportion of Louisiana's Medicaid dollars (48 percent).

5. In addition, suicide has become a significant cause of death in the United States. Based on facts published by CDC and from the Louisiana Adolescent Suicide Prevention Task Force:

- a. for people from 15-25 years old, suicide is the third leading cause of death;
- b. more teenagers and young adults die from suicide than from cancer, AIDS, heart disease, birth defects, strokes, pneumonia, influenza, and chronic lung disease combined; and
- c. in 1996, medical treatment for youth suicide in Louisiana for ages 0 to 20 years was \$364,000,000.

6. Suicide prevention, along with other health education issues can be easily integrated into the health education curriculum that is based on health education content standards. Today, the goals of health education focus more on the development of the whole person. Greater emphasis is placed on health and wellness of the human being. Promoting personal well-being includes attention to mental health as well as physical health.

D. Looking Forward

1. Traditionally, the health education curriculum has been organized around health content topic areas. Today, greater emphasis is placed on health and wellness. The

Health Education Content Standards are an ideal means for providing guidelines for curriculum addressing high-risk behaviors and healthy lifestyles.

2. The U.S. Centers for Disease Control and Prevention (CDC) has identified six risk behaviors that are incorporated in the organization of the new health content standards. The six risk behaviors include:

- a. tobacco use;
- b. sedentary lifestyle/poor physical activity patterns;
- c. alcohol and drug abuse;
- d. unhealthy dietary behaviors;
- e. behaviors that result in accidents and injuries;
- f. sexual behaviors that result in sexually transmitted diseases and unintended pregnancy.

3. In collaboration with health and education partners (Association for the Advancement of Health Education of the American Alliance for Health, Physical Education, Recreation, and Dance, American School Health Association, American Public Health Association, and American Cancer Society), the CDC assists in providing states with information and skills needed to avoid such risk behaviors. The eight components of a coordinated school health program systemically address these risk behaviors and the development of healthy lifestyles. They include:

- a. health education;
- b. physical education;
- c. health services;
- d. nutrition services;
- e. counseling, psychological, and social services;
- f. healthy school environment;
- g. health promotion for staff;
- h. family and community involvement.

4. Coordinated school health programs offer the opportunity for us to provide the services and knowledge necessary to enable children to be productive learners and to develop skills for making health decisions for the rest of their lives.

E. Purpose

1. This framework document organizes and integrates the content and process of health education. It serves as a bridge between classroom practice and national standards established by the health education community. The standards define what a health-educated person should know, understand, and be able to do. Although the standards provide a framework for curriculum development, local education agencies may choose topics to meet the needs of children and youth in their communities.

2. The Louisiana Health Education Content Standards framework is designed to guide the process of reforming health education in this state. It provides the following:

- a. a framework for developing a comprehensive K-12 health education curriculum;
- b. a catalyst for insightful discussion of the fundamental nature of health education;
- c. a guide for evaluating progress and achieving health education benchmarks among the students of Louisiana;
- d. a vision of health education for the state; and
- e. a tool to enable local districts, schools, and educators to grasp the nature, purpose, and role of health education.

F. **Intended Audiences.** This document is intended for use mainly by kindergarten through grade 12 teachers of health education and curriculum developers to plan curriculum, instruction, and assessment.

G. **Intended Use.** Intended uses for this framework include the following:

1. for teachers and curriculum developers a guide for planning curriculum, instruction and assessment;
2. for parents a means for gaining information regarding the effectiveness of their children's health education program;
3. for administrators and school board members a vision for health education and a basis for planning resource allocations, material purchases, local curriculum development and teachers' professional development;
4. for policymakers and state education staffs a basis for developing laws, policies and funding priorities to support local reforms;
5. for staff developers a basis for creating professional development materials and strategies designed to increase teachers' knowledge of health education content, teaching methodologies and assessment strategies;
6. for assessment specialists and test developers a guide for the development of an assessment framework to assess students' health education understanding and ability more effectively;
7. for colleges and university faculties a guide for content and design of teacher preparation programs; and
8. for business and industry leaders and government agencies a basis for developing effective partnerships and local reforms for funding instructional materials and professional development.

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Chapter 3. Teaching and Learning of Health Education

§301. Centers for Disease Control and Prevention Recommendation

A. The Centers for Disease Control and Prevention (CDC) recommends teaching health education as a self-contained class with infused classes serving as an adjunct to, instead of substituting for, health education classes. Infused classes are defined as courses that include some health education content, but primarily focus on another subject. Centers for Disease Control and Prevention (CDC) recommends teaching health as an academic class where the lessons are taught sequentially, behaviorally focused, and promote positive messages.

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§303. Curriculum Integration

A. Adoption of standards across curricular areas increases the potential to make connections which come naturally among subjects from early childhood through high school. Curriculum integration can help students make connections between health content and generic skills (e.g.,

critical thinking, decision-making, etc.). In addition to teaching health education in a self-contained environment, integration of other subjects will support, rather than replace, student learning of health education concepts. However, for integration to be effective, staff development must occur. Teachers need time to meet collaboratively, to identify connections across subject areas, and to plan curricular integration within and across grade levels.

B. In teaching health education, other subject areas can be easily integrated. Health education curricula can be easily integrated with reading comprehension, language arts, science, mathematics, social studies, and physical education. For example, at the elementary level, the health education curriculum is specifically intended to teach the interpersonal and conflict management skills students need to "get along." These skills are grounded in listening and speaking effectively. Health education also affords students many opportunities to write about topics of interest to them such as their personal feelings, growth, and development. In addition, students can apply the mathematical and science processes of measuring, charting, graphing, estimating, predicting, justifying, and classifying in conjunction with health lessons. At the middle and high school levels:

1. language skills are utilized in accessing and evaluating health information;
2. citizenship and communication skills are involved in community advocacy;
3. knowledge of body system functions includes anatomy; and
4. environmental science concepts are reinforced by the understanding of ecological systems.

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§305. Technology

A. Technology can enhance learning by improving both the efficiency and effectiveness of instructional time. The National Health Education Standards and Louisiana Health Education Content Standards expect students to demonstrate the ability to access health information. School districts are expected to provide for the utilization of information technologies in the delivery of health instruction.

B. Students will be required to make numerous health care decisions in their lifetimes and must do this in an environment in which they are bombarded with health information that may or may not be accurate. Comprehensive health education prepares students to use and evaluate information for accuracy from a variety of sources. This requires that students use technology to gather current, accurate information prior to making decisions and taking action. The use of technology to access information is an essential lifelong health literacy skill.

C. The careful, guided use of technology to enhance the effectiveness of health education can allow all students to access the most current information. Due to the abundance of information available, educators, administrators, and parents are encouraged to evaluate the quality of available information prior to presenting it to students.

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§307. Assessment

A. Standards involve statements about what students should know and be able to do. Included in this process is the construct of assessment. Health education assessment reflects the process of accumulating evidence about students' levels of competence in the area of health. Inferences can then be made based upon the evidence ascertained. The primary goal of assessment facilitates learning, rather than the documentation of learning. It is critical for health educators to assess individual performance. Such assessment should:

1. reflect health education content that is most important for students to learn, based upon the Louisiana Health Education Content Standards and Benchmarks;
2. enhance learning through a connection with instruction;
3. provide valid and reliable evidence of student performance; and
4. produce valid inferences about student learning specific to health education.

B. At a time in which greater demands are likely to be placed on assessment than any other time in United States education history, there continues to be escalating discomfort with traditional forms of assessment, including multiple-choice, true-false, matching machine-scored tests. With this in mind, assessment practices must support instruction of health education and student learning.

C. Alternative assessment can take many forms, such as portfolios, discussions and debates, event tasks, case studies, student logs, and role-playing. Such assessments can include:

1. tasks that directly examine the behavior the teacher wishes to measure;
2. criterion-referenced scoring;
3. assessment of higher levels of learning;
4. student participation in development of the assessment and ownership of the final product; and
5. assessment criteria that are given to students in advance.

D. *Rubrics* are the scoring criteria by which student performance is judged. They are used most often with alternative assessments such as portfolios, event tasks, and student performance but can actually be used for other types of assessment as well. They should be written by the health educator before instruction begins and shared with students as the unit or project is explained. Because students have the criteria early, they have a standard by which they can judge their own performance, thereby providing feedback during instruction.

E. The Louisiana State Health Education Standards focus on both alternative assessment options and traditional ones in order to forge a more complete picture of student learning. An assessment strategy that is balanced will best assess the objectives of the K–12 health education program.

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§309. Requirements

A. The Louisiana Department of Education in *Bulletin 741, Louisiana Handbook for School Administrators*, sets the hours required in health and physical education. These requirements are also found in Bulletins 1596 and 1597.

B. For grades 1-6, 150 minutes per week are required in health and physical education. (B 741:2.090.09)

C. In grades seven and eight, "health and physical education, elective, exploratory studies" is set at a minimum of 275 minutes per week for students on a six-period day option or 250 minutes per week for a seven-period day schedule. (B 741:2.090.09)

D. Grades 9 – 12. In order to graduate from high school, public school students must earn one-half unit in health education. (B 741:2.105.09) A minimum of 90 hours of health instruction shall be taught and cardiopulmonary resuscitation (CPR) must be taught during health education. (B 741:2.105.15) Nonpublic schools require two units of combined health and physical education for graduation. (B 741: 6.099.01)

E. R.S. 17:275 states that all public junior and senior high schools shall provide instruction to all female students in the proper procedure for breast self-examination and the need for an annual Pap test for cervical cancer. Such instruction may be provided in the context of courses in the study of health, physical education, or such other appropriate curriculum or instruction period as may be determined by the respective local school boards. This instruction may be taught by a school nurse, physician, or competent medical instructor. The local school boards shall adopt rules and regulations necessary for the implementation of this program of instruction. No student shall be required to take such instruction if his parent or tutor submits a written statement indicating that such instruction conflicts with the religious beliefs of the student.

F. In 2001, through Senate Bill No. 792, guidelines were established for the development of youth suicide prevention programs as required in R.S. 17:282.3. Some features of this bill include the involvement of the Department of Education in developing standards for these programs, classroom instruction integrated into the curriculum, and access to prevention services. Some of the instructional topics suggested for prevention in S.B. No. 792 are:

1. encourage sound decision-making and promote ethical development;
2. increase student awareness of the relationship between drug and alcohol use and suicide;
3. teach students to recognize signs of suicidal tendencies; and
4. inform students of the available community suicide prevention services.

G. The measures outlined in Subsection F.1 - 4 above easily fit within the health education curriculum that is based on these Health Education Content Standards.

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Chapter 5. Health Education Content Standards and Benchmarks

§501. Coding Key for Benchmarks

A. Standards are broad goals for student achievement in a content area. Each standard is followed by a set of benchmarks. The benchmarks state what a student should know and be able to do in order to reach the standard. The key in Paragraphs 1-3 of this Subsection A explain the coding used for the benchmarks contained in this document.

1. The first number indicates the standards number.
 2. The capitol letter represents the cluster level.
 3. The third symbol is a second number, which represent the benchmark number.
- a. The letters for each grade cluster level are as follows:

| | |
|---|--|
| E | represents the elementary cluster level, grades K - 4 |
| M | represents the middle school cluster level, grades 5 - 8 |
| H | represents the high school cluster level, grades 9 - 12 |
| Example: 2-E-4 would represent benchmark four for standard two on the Elementary level (grades 3 - 5) | |

B. The numbers in parentheses at the end of each benchmark are the numbers for the Louisiana Standards Foundation Skills found in §107.

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§503. Health Education Content Standards

A. The Louisiana Health Education Content Standards are composed of three components:

1. Health Education Content Standards;
2. rationale for each standard;
3. benchmarks (performance indicators) that describe what the student should know and be able to do to demonstrate mastery of the standard.

B. The National Health Education Content Standards vary from other content areas in that performance indicators are used as benchmarks. Louisiana benchmarks are intended to serve as a guide for organizing student assessment.

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§505. Standard 1

A. Students will comprehend concepts and strategies related to health promotion and disease prevention.

1. State Foundation Skills 1, 2, 3, 4
2. National Health Standard 1

B. Basic to health education is a foundation of knowledge about the interrelationship between behavior and health, the human body, and disease prevention. Comprehension of health-promotion strategies and disease prevention concepts will enable students to become health literate learners with a foundation for leading healthy and productive lives.

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§507. Standard 2

A. Students will demonstrate the ability to access and evaluate the validity of health information and health promoting products and services.

1. State Foundation Skills 1, 2, 5
2. National Health Standard 2

B. Critical thinking involves the ability to identify valid health information and to analyze, select and access health-promoting services and products. The development of critical thinking skills is a high priority in all disciplines for improving problem solving and decision-making abilities. Applying skills of information analysis, organization, comparison, synthesis and evaluation to health issues encourages students to become health literate and responsible citizens.

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§509. Standard 3

A. Students will demonstrate the ability to practice positive health behaviors and reduce health risks.

1. State Foundation Skills 2, 3
2. National Health Standard 3

B. Reducing harmful and risk-taking behaviors can prevent many diseases and injuries. Recognizing and practicing health-enhancing behaviors can contribute to a positive quality of life. Strategies to improve health behaviors will assist students in developing positive health behaviors as they engage in critical thought and problem solving. Goal setting and decision-making are integral to developing such strategies. By accepting responsibility for personal health, students have a foundation to develop a productive, healthy life.

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§511. Standard 4

A. Students will analyze the impact of the media, technology, economy, culture, and other factors on health through the use of technological resources.

1. State Foundation Skills 1, 3, 5
2. National Health Standard 4

B. Health is influenced by a variety of factors that co-exist within a society such as cultural context, media, and technology available. A competent problem solver can analyze, evaluate and interpret the influence of such factors on the health of the individual and community. Through analyzing influences, evaluating media messages, and recognizing the impact of technology students will develop into more effective and responsible individuals.

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§513. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

1. State Foundation Skills 1, 2, 3, 4
2. National Health Standard 5 and 6

B. Personal, family, and community health are enhanced through effective communication. Responsible individuals use communication skills in maintaining healthy relationships. The ability to organize and convey information, beliefs, opinions, and feelings are skills that strengthen interactions while reducing conflicts. These skills enable individuals to collaborate with others to improve the quality of life for their families and communities.

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§515. Standard 6

A. Students will demonstrate the ability to advocate personal, family, and community health.

1. State Foundation Skill 3 and 4
2. National Health Standard 7

B. Quality of life is dependent on an environment that protects and promotes the health of individuals, families, and communities. Advocating and communicating for improved health measures in their communities characterize responsible citizens. Individuals should develop a wide variety of advocacy skills such as persuasiveness, collaboration and effective communication techniques.

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Chapter 7. Grades K-4C Elementary Cluster Level

§701. Standard 1

A. Students will comprehend concepts and strategies related to health promotion and disease prevention.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

| | | |
|-------|---|-----------|
| 1-E-1 | recognize basic body parts and describe the structure and function of the human body system; | (1,2,4) |
| 1-E-2 | demonstrate personal health habits that promote optimal health (i.e., good nutrition, brushing teeth, washing hands, exercise, etc.); | (1,2,3) |
| 1-E-3 | compare and contrast personal health behaviors and individual well being; | (1,2,4) |
| 1-E-4 | identify common childhood health problems/illnesses and the corresponding prevention and treatment; | (1,2,4) |
| 1-E-5 | explain how physical, social and emotional environments influence personal health. | (1,2,3,4) |

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§703. Standard 2

A. Students will demonstrate the ability to access and evaluate the validity of health information and health promoting products and services.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

| | | |
|-------|--|-----------|
| 2-E-1 | identify characteristics of valid health information and health-promoting products and services; | (2,3,4) |
| 2-E-2 | demonstrate the ability to locate resources from home, school and community that provide valid health information; | (1,2,3,4) |
| 2-E-3 | explain how media influences the selection of health information, products, and services; and | (4,5) |
| 2-E-4 | demonstrate the ability to locate school and community health resources. | (1,3) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1946 (September 2002).

§705. Standard 3

A. Students will demonstrate the ability to practice positive health behaviors and reduce health risks.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

| | | |
|-------|---|---------|
| 3-E-1 | identify personal health needs; | (1,4) |
| 3-E-2 | demonstrate responsible personal health behaviors; | (2,4) |
| 3-E-3 | illustrate safety/injury prevention techniques related to daily activities; | (2,3,4) |
| 3-E-4 | demonstrate ways to avoid and reduce threatening situations; and | (2,3,4) |
| 3-E-5 | apply skills to manage stress. | (2,4) |

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§707. Standard 4

A. Students will analyze the impact of the media, technology, economy, culture, and other factors on health through the use of technological resources.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

| | | |
|-------|---|-----------|
| 4-E-1 | describe how culture influences personal health behaviors; | (1,2,4) |
| 4-E-2 | explain how media influences thoughts, feelings, and health behaviors; | (2,3,4) |
| 4-E-3 | demonstrate ways that home health care technology can influence personal health (blood glucose level monitors, blood pressure monitors, diet evaluation software, on-line medical sites, etc.); and | (2,3,4) |
| 4-E-4 | discuss how information from school and family influences health. | (1,2,3,4) |

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§709. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

| | | |
|-------|---|-----------|
| 5-E-1 | demonstrate healthy ways to communicate needs, wants, and feelings through verbal and non-verbal communication; | (1,2) |
| 5-E-2 | demonstrate ways to communicate care, consideration, and respect of self and others; | (1,2,5) |
| 5-E-3 | apply a decision-making process to address personal health issues and problems; | (1,2) |
| 5-E-4 | demonstrate refusal skills to enhance health; | (1,2) |
| 5-E-5 | demonstrate non-violent strategies to resolve conflicts; and | (1,2,4) |
| 5-E-6 | establish personal health goals and track progress toward its achievement. | (1,2,3,4) |

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§711. Standard 6

A. Students will demonstrate the ability to advocate personal, family and community health.

B. Benchmarks K-4. By the end of the K-4 level, students should know and be able to:

| | | |
|-------|---|-----------|
| 6-E-1 | recognize basic job functions of community and school health service providers; | (1,4) |
| 6-E-2 | convey how to access appropriate health and crisis care services in emergency situations; and | (1,2,4) |
| 6-E-3 | demonstrate the ability to communicate information that promotes positive health choices. | (1,3,4,5) |

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Chapter 9. Grades 5-8C Middle School Cluster Level

§901. Standard 1

A. Students will comprehend concepts and strategies related to health promotion and disease prevention.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

| | | |
|-------|---|-----------|
| 1-M-1 | describe relationships among physical, mental, emotional and social health; | (1,2,4) |
| 1-M-2 | evaluate healthy and unhealthy lifestyles (e.g., preventive health measures, physical fitness, nutrition, obesity, eating disorders, stress, etc.); | (1,2,3,4) |
| 1-M-3 | examine the structure and function of body systems and its relation to wellness; | (2,3,4) |
| 1-M-4 | analyze high risk behaviors to determine their impact on wellness (e.g., disease transmission, suicidal tendencies, substance use and abuse, etc.); and | (1,2,3,4) |
| 1-M-5 | determine factors that influence violence and strategies for avoiding unhealthy situations. | (1,2,3,4) |

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§903. Standard 2

A. Students will demonstrate the ability to access and evaluate the validity of health information and health-promoting products and services.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

| | | |
|-------|--|---------|
| 2-M-1 | locate valid health information using various sources (e.g., Internet, videos, print, television, etc.); | (2,3,4) |
| 2-M-2 | identify how media influences the selection of health information and products; | (1,3,4) |
| 2-M-3 | locate and evaluate functions of community health agencies and professional health services (e.g., hospitals, emergency care, substance abuse centers, volunteer organizations, etc.); and | (2,3,4) |
| 2-M-4 | examine the effectiveness of health products and services (e.g., sun blocks, cosmetics, over-the-counter medicines, etc.). | (2,4) |

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§905. Standard 3

A. Students will demonstrate the ability to practice positive health behaviors and reduce health risks.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

| | | |
|-------|--|---------|
| 3-M-1 | identify personal health needs and develop long-term goals for a healthy lifestyle; | (2,4) |
| 3-M-2 | examine physical fitness assessments and their role in developing a personal wellness program; and | (2,3,4) |
| 3-M-3 | develop injury prevention and management strategies for personal and family health. | (1,3,4) |

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§907. Standard 4

A. Students will analyze the impact of the media, technology, economy, culture, and other factors on health through the use of technological resources.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

| | | |
|-------|---|-----------|
| 4-M-1 | investigate the quality of health care provided in other countries; | (4,5) |
| 4-M-2 | compare and contrast the health of different cultures, race and ethnicity; | (1,2,4,5) |
| 4-M-3 | investigate the impact of media (e.g., television, newspaper, billboards, magazines, Internet) on positive and negative health behaviors; | (1,3,5) |
| 4-M-4 | describe the ways that technology affects health (e.g., video games, computers, high-technological medical equipment, etc.); and | (1,3,4) |
| 4-M-5 | assess ways in which various media influence buying decisions (e.g., health products, medicines, food). | (1,3,4) |

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§909. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

| | | |
|-------|---|-----------|
| 5-M-1 | demonstrate verbal and non-verbal skills to communicate care, self-control, and respect for all; | (1,2) |
| 5-M-2 | distinguish between positive and negative peer pressure and analyze the impact of peer pressure on decision-making; | (1,2,5) |
| 5-M-3 | demonstrate refusal and conflict resolution skills to develop and maintain healthy relationships with peers, family and others in socially acceptable ways; | (1,2,3,5) |
| 5-M-4 | demonstrate positive decision-making and problem-solving skills; and | (1,2) |
| 5-M-5 | develop strategies and skills for attaining personal health goals. | (1,2) |

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§911. Standard 6

A. Students will demonstrate the ability to advocate personal, family, and community health.

B. Benchmarks 5-8. By the end of grades 5-8 level students should know and be able to:

| | | |
|-------|--|---------|
| 6-M-1 | develop strategies to encourage and influence others in making positive health choices (e.g., healthy food choices, abstaining from alcohol, tobacco, and illegal drug use, etc.); | (1,2,4) |
| 6-M-2 | analyze various communication methods to accurately express health ideas and opinions; | (1,3) |
| 6-M-3 | identify barriers to effective communication about health issues; and | (2,3,4) |
| 6-M-4 | demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools. | (1,5) |

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Chapter 11. Grades 9-12C High School Cluster Level

§1101. Standard 1

A. The students will comprehend concepts and strategies related to health promotion and disease prevention.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

| | | |
|-------|--|-------------|
| 1-H-1 | analyze the impact of behavior on health maintenance and disease prevention; | (1,2,3,4,5) |
| 1-H-2 | identify the causes, symptoms, treatment and prevention of various diseases and disorders (e.g., cardiovascular diseases, STDs, eating disorders); | (2,3,4) |
| 1-H-3 | describe interrelationship(s) of mental, emotional, social, and physical health throughout the life span; | (1,2,4) |
| 1-H-4 | explain the impact of personal health behaviors on the functioning of body systems; | (2,3,4) |
| 1-H-5 | describe the influence of family, peers, and community on the health of individuals; and | (1,2,4) |
| 1-H-6 | evaluate environmental influences on the health of individuals in their home, community, and world. | (1,2,3,4) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1948 (September 2002).

§1103. Standard 2

A. The students will demonstrate the ability to access and evaluate the validity of health information and health-promoting products and services.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

| | | |
|-------|---|-----------|
| 2-H-1 | evaluate the validity of health information, products, and services using a variety of resources; | (2,3,4) |
| 2-H-2 | identify factors that influence personal selection of health products and services; | (2,3) |
| 2-H-3 | identify school and community health services available for self and others; | (1,3,5) |
| 2-H-4 | analyze the cost and accessibility of health care products and services; and | (2,3,4) |
| 2-H-5 | examine mental, social, and physical conditions requiring professional health services (e.g., obesity, eating disorders, suicidal tendencies, depression, drug/alcohol abuse, diabetes, heart attack, burns, etc.). | (1,2,3,4) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1948 (September 2002).

§1105. Standard 3

A. The students will demonstrate the ability to practice positive health behaviors and reduce health risks.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

| | | |
|-------|--|-------|
| 3-H-1 | describe the role of individual responsibility for enhancing health by analyzing the short-term and long-term consequences of behaviors throughout the life span (safe, high-risk, and harmful behaviors); | (2,3) |
| 3-H-2 | demonstrate the ability to use critical thinking when making decisions related to health needs and risks of young adults; | (2,3) |

| | | |
|-------|---|---------|
| 3-H-3 | evaluate a personal health survey to determine strategies for health enhancement and risk reduction; | (2,3,4) |
| 3-H-4 | develop strategies to improve or maintain health and safety on personal, family, community, and world levels; | (1,2,3) |
| 3-H-5 | demonstrate ways to reduce threatening situations to avoid violence; and | (1,2,5) |
| 3-H-6 | design strategies to manage stress. | (2,3) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1948 (September 2002).

§1107. Standard 4

A. Students will analyze the influence of the media, technology, economy, culture and other factors on health through the use of technological resources.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

| | | |
|-------|---|-----------|
| 4-H-1 | investigate how cultural diversity and economy enrich and challenge health behaviors; | (2,3,4) |
| 4-H-2 | evaluate the impact of technology and media on personal, family, community, and world health; and | (1,2,3,4) |
| 4-H-3 | explain how information from peers, family and community influence health. | (1,4) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1949 (September 2002).

§1109. Standard 5

A. Students will demonstrate individual and interpersonal communication skills necessary to enhance health.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

| | | |
|-------|--|---------|
| 5-H-1 | demonstrate effective communication skills and identify the impact of communication on relationships with family, peers, and others; | (1,2,4) |
| 5-H-2 | demonstrate positive, effective methods of expressing needs, wants, feelings, care, consideration, and respect for self and others; | (1,2,5) |
| 5-H-3 | identify strategies for solving intrapersonal and interpersonal conflicts without harming self or others; | (1,2,5) |
| 5-H-4 | identify the possible causes of conflict in schools, families, and communities; | (1,2,5) |
| 5-H-5 | plan and demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations; | (1,2,5) |
| 5-H-6 | identify personal goals for improving or maintaining lifelong personal health; and | (3,4) |
| 5-H-7 | formulate a plan and evaluate the progress for attaining personal health goals. | (2,3,4) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1949 (September 2002).

§1111. Standard 6

A. Students will demonstrate the ability to advocate personal, family, and community health.

B. Benchmarks 9-12. By the end of the grades 9-12 level students should know and be able to:

| | | |
|-------|---|-------------|
| 6-H-1 | predict immediate and long-term impact of health decisions on the individual, family and community; | (2,3,4) |
| 6-H-2 | effectively communicate concerns and information about immediate and/or long-term impact of health decisions in order to influence others; | (3,4) |
| 6-H-3 | identify effective strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues (refusal skill, assertiveness, problem-solving, communication skills); | (1,2,3,4,5) |
| 6-H-4 | demonstrate techniques that influence and support others in making positive health choices (positive peer pressure); and | (1,3,4) |
| 6-H-5 | demonstrate the ability to work cooperatively when advocating for healthy communities and environments. | (1,5) |

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:24.4 et seq.

HISTORICAL NOTE: Promulgated by the Department of Education, Board of Elementary and Secondary Education, Office of Student and School Performance, LR 28:1949 (September 2002).

Weegie Peabody
Executive Director

0209#021

RULE

Board of Elementary and Secondary Education

Bulletin 1196C Louisiana Food and Nutrition
Programs, Policies of Operation
(LAC 28:XLIX.101, 349, 2523, 2911,
3307, 3309, 3313, and Chapter 34)

Editor's Note: Section 3410 is being repromulgated to correct a citation error. The original Rule may be viewed in its entirety on pages 1737-1740 of the August 20, 2002 edition of the *Louisiana Register*.

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Elementary and Secondary Education has revised §§101, 349, 2523, 2911, 3307, 3309, 3313, and Chapter 34 of Bulletin 1196, *Louisiana Food and Nutrition Programs, Policies of Operation*. Bulletin 1196 is the policy manual designed to provide useful guidance and information for the purpose of improving regulatory compliance and to enhance the understanding and operation of the Child Nutrition Programs in Louisiana. These revisions to Bulletin 1196: 1. incorporate the major Federal and State policy changes as a result of the Federal revision of the Child and Adult Care Food Program Financial Management Instruction 796-2, Revision 3, effective May 14, 2001; 2. add audit requirements in the Bulletin for the Summer Food Service Program and the Child and Adult Care Food Program (omitted through oversight); 3. strengthen Louisiana Department of Education (LDE)

administrative procedures for compliance with federal audit requirements; and 4. transfer the Child Nutrition Program Appeals Procedures from LAC 28:I.943, where initially adopted, to Part XLIX, Chapter 34 of the LAC.

Title 28

EDUCATION

Part XLIX. Bulletin 1196C Louisiana Food and Nutrition Programs, Policies of Operation

§3410. Notice and Time of Hearing

A. If a hearing is requested, the hearing officer shall schedule a hearing to be held within 90 calendar days from the date of receipt of the Request for Appeal by the designated agency. The hearing officer shall notify the institution in writing of the time, date, and place of the hearing, at least 10 calendar days in advance of the date of the hearing.

AUTHORITY NOTE: Promulgated in accordance with 7 CFR, 210-245.

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education, LR 28:1739 (August 2002), repromulgated LR 28:1950 (September 2002).

Weegie Peabody
Executive Director

0209#012

RULE

Student Financial Assistance Commission Office of Student Financial Assistance

Scholarship/Grant Programs (LAC 28:IV.Chapter 15)

Editor's Note: The following Rule repeals Chapter 15 in its entirety. The T.H. Harris Scholarship is no longer in existence due to lack of funding.

The Louisiana Student Financial Assistance Commission (LASFAC) announces its intention to repeal Chapter 15, T.H. Harris Scholarship of LAC 28:IV.

Title 28

EDUCATION

Part IV. Student Financial AssistanceC Higher Education Scholarship and Grant Programs

Chapter 15. T.H. Harris Scholarship

§1501. General Provisions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance LR 24:642 (April 1998), amended LR 24:1911 (October 1998), repromulgated LR 27:1861 (November 2001), repealed LR 28:1950 (September 2002).

§1503. Maintaining Eligibility

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036.

HISTORICAL NOTE: Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance LR 24:642 (April 1998), amended LR 24:1911 (October 1998),

repromulgated LR 27:1862 (November 2001), repealed LR 28:1950 (September 2002).

George Badge Eldredge
General Counsel

0209#027

RULE

Department of Environmental Quality Office of Environmental Assessment Environmental Planning Division

Definition of Major Source (LAC 33:III.502)(AQ227)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary has amended the Air regulations, LAC 33:III.502 (Log #AQ227).

The revised definition of "major source" in LAC 33:III.502 removes the provisions that Louisiana must require that sources in categories subject to standards under Section 111 or 112 of the Clean Air Act (Act), which were promulgated after August 7, 1980, include fugitive emissions in determining major source status under Section 302 or Part D of Title I of the Act. It also removes the phrase "but only with respect to those pollutants that have been regulated for that category," which previously existed in the definition of "major source." On November 27, 2001, the Environmental Protection Agency (EPA) promulgated revisions to its definition of "major source" in 40 CFR 70.2. These changes are effective November 27, 2001. As provided at 66 FR 59162 and at 40 CFR 70.4(i)(1), states whose program includes the language "but only with respect to those pollutants that have been regulated for that category" must revise and submit their program revisions by November 27, 2002. The basis and rationale for this Rule are to be consistent with the federal regulations.

This Rule meets an exception listed in R.S. 30:2019.D.(2) and R.S. 49:953.G.(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33

ENVIRONMENTAL QUALITY

Part III. Air

Chapter 5. Permit Procedures

§502. Definitions

A. - *A.Major Source*.b.i. ...

ii. for all other stationary source categories, which as of August 7, 1980, are being regulated by a standard promulgated under Section 111 (NSPS) or 112 (Hazardous Air Pollutants) of the Clean Air Act.

A.Major Source.c. - A.Title I Modification.d. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2054.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Air Quality Division, LR 19:1420 (November 1993),

amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2445 (November 2000), LR 28:1950 (September 2002)

James H. Brent, Ph.D.
Assistant Secretary

0209#028

RULE

Department of Environmental Quality Office of Environmental Assessment Environmental Planning Division

Radiation Protection
(LAC 33:XV.455, 573, 575, 577, 587,
588, 590, 605, 1329, and 2013)(RP030)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary has amended the Radiation Protection regulations, LAC 33:XV.455, 573, 575, 577, 587, 588, 590, 605, 1329, and 2013 (Log #RP030).

This Rule makes amendments to clarify the Radiation Protection regulations in LAC 33:XV.Chapters 4, 5, 6, 13, and 20. Amendments to Chapters 4 and 13 correct references. Amendments to Chapter 5 clarify the minimum number of qualified or approved crew present when performing industrial radiographic operations, require annual refresher safety training of all radiographers and radiographer assistants and trainees, require all crew members to wear personal monitoring devices and designate when personal monitoring devices must be replaced, require that a physical radiation survey be performed on radiation machines or sealed sources immediately upon exposure, and require maintenance of records of daily checks of equipment. Amendments to Chapter 6 correct an error concerning a unit of measure for exposure rates. Chapter 20 is amended to require that calibrated operable radiation survey equipment is maintained at a temporary job site. The basis and rationale for this Rule are to clarify the Radiation Protection Regulations.

This Rule meets an exception listed in R.S. 30:2019.D.(2) and R.S. 49:953.G.(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33

ENVIRONMENTAL QUALITY

Part XV. Radiation Protection

Chapter 4. Standards for Protection Against Radiation

Subchapter G. Precautionary Procedures

§455. Procedures for Receiving and Opening Packages

A. - D. ...

1. removable radioactive surface contamination exceeds the limits of LAC 33:XV.1512.B.9; or

2. external radiation levels exceed the limits of LAC 33:XV.1512.B.10.

E. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 19:1421 (November 1993), LR 22:973 (October 1996), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2577 (November 2000), LR 28:1951 (September 2002).

Chapter 5. Radiation Safety Requirements for Industrial Radiographic Operations

Subchapter B. Personal Radiation Safety Requirements for Radiographers

§573. Conducting Industrial Radiographic Operations

A. Whenever radiography is performed at a location other than a permanent radiographic installation, the radiographer must be accompanied by at least one other qualified radiographer or, if the radiographer is a qualified instructor, a qualified radiographer trainee or assistant, as required by Subsection D of this Section. The additional qualified individual shall observe the operations and be capable of providing immediate assistance to prevent unauthorized entry. Radiography may not be performed if only one qualified individual is present.

B. - E.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Environmental Assessment, Environmental Planning Division, LR 27:1234 (August 2001), amended LR 28:1951 (September 2002).

§575. Training and Testing

A. - C. ...

D. The licensee or registrant shall provide annual refresher safety training to all radiographers, radiographer assistants, and radiographer trainees at intervals not to exceed 12 months.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 20:653 (June 1994), LR 20:999 (September 1994), LR 23:1138 (September 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2583 (November 2000), LR 27:1235 (August 2001), LR 28:1951 (September 2002).

§577. Personnel Monitoring Control

A. No licensee or registrant shall permit an individual to act as a radiographer, instructor, radiographer assistant, or radiographer trainee unless, at all times during radiographic operations, each such individual wears a direct-reading pocket dosimeter, an alarm ratemeter, and either a film badge, an optically-stimulated luminescence dosimeter (OSL), or a thermoluminescent dosimeter (TLD), except that for permanent radiography facilities where other appropriate alarming or warning devices are in routine use, the wearing of an alarming ratemeter is not required.

B. ...

C. Each film badge, TLD, or OSL shall be assigned to and worn by only one individual. Film badges, TLDs, and OSLs must be replaced at periods not to exceed one month.

After replacement, each film badge, OSL, or TLD must be processed as soon as possible.

D. - H.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 20:653 (June 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2583 (November 2000), LR 27:1235 (August 2001), LR 28:1951 (September 2002).

Subchapter C. Precautionary Procedures in Radiographic Operations

§587. Radiation Surveys and Survey Records

A. ...

B. A physical radiation survey shall be made after each radiographic exposure utilizing radiation machines or sealed sources to determine that the machine is "off" or that the sealed source has been returned to its shielded position immediately upon completion of exposure. The entire circumference or perimeter of the radiographic exposure device shall be surveyed. If the radiographic exposure device has a source guide tube, the survey shall also include the entire length of the guide tube.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 20:653 (June 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2584 (November 2000), LR 27:1236 (August 2001), LR 28:1952 (September 2002).

§588. Documents and Records Required at Temporary Job Sites and Applicable Field Stations

A. - A.7. ...

8. records of daily checks of equipment as required in LAC 33:XV.547;

A.9. - 11. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 20:653 (June 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2772 (December 2000), LR 27:1236 (August 2001), LR 28:1952 (September 2002).

§590. Specific Requirements for Radiographic Personnel Performing Industrial Radiography

A. - D.2. ...

3. the radiographer's direct observation of the assistant's or trainee's performance of the operations referred to in this Section.

E. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 20:653 (June 1994), amended LR 23:1139 (September 1997), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2584 (November 2000), LR 27:1237 (August 2001), LR 28:1952 (September 2002).

Chapter 6. X-rays in the Healing Arts

§605. Fluoroscopic X-ray Systems

A. - A.3.a.i.(a). ...

(b). when an optional high level control is provided. When so provided, the equipment shall not be operable at any combination of tube potential and current that will result in an exposure rate in excess of 5 roentgens (1.29 mC/kg) per minute at the point where the center of the useful beam enters the patient, unless high level control is activated. Special means of activation of high level controls shall be required. The high level control shall be operable only when continuous manual activation is provided by the operator. A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed; or

(c). when optional high level control is provided on equipment manufactured after May 19, 1995. When so provided, the equipment shall not be operable at any combination of tube and current that will result in an exposure rate in excess of 10 roentgens (2.58 mC/kg) per minute at the point where the center of the useful beam enters the patient, unless the high level control is activated. Special means of activation of high level control shall be required. The high level control shall only be operable when continuous manual activation is provided by the operator and the equipment shall not be operable at any combination of tube and current that will result in an exposure rate in excess of 20 roentgens (5.16 mC/kg) per minute at the point where the useful beam enters the patient. A continuous signal audible to the fluoroscopist shall indicate that the high level control is being employed.

A.3.a.ii. - A.10.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 19:1421 (November 1993), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2270 (October 2000), LR 26:2586 (November 2000), LR 28:1952 (September 2002).

Chapter 13. Licensing Requirements for Land Disposal of Radioactive Waste

Subchapter C. Technical Requirements for Land Disposal Facilities

§1329. Requirements for Waste Classification and Characteristics

A. Refer to LAC 33:XV.Chapter 4, Appendix E.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 28:1952 (September 2002).

Chapter 20. Radiation Safety Requirements for Wireline Service Operations and Subsurface Tracer Studies, LR 28:1952 (September 2002).

§2013. Radiation Survey Instruments

A. The licensee or registrant shall maintain sufficient calibrated operable radiation survey instruments at each field station and temporary job site to make physical radiation

surveys as required by this Chapter and by LAC 33:XV.426 and 430. Instrumentation shall be capable of measuring 0.001 mSv (0.1 mrem) per hour through at least 0.5 mSv (50 mrem) per hour.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2001 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Nuclear Energy Division, LR 13:569 (October 1987), repealed and repromulgated by the Office of Air Quality and Radiation Protection, Radiation Protection Division, LR 18:34 (January 1992), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2604 (November 2000), LR 26:2771 (December 2000), LR 28:1952 (September 2002).

James H. Brent, Ph.D.
Assistant Secretary

0209#029

RULE

Department of Environmental Quality Office of Environmental Assessment Environmental Planning Division

Waste TiresC Fraudulent Takings (LAC 33:VII.10505,10519, 10525, and 10537) (SW033)

Under the authority of the Environmental Quality Act, R.S. 30:2001 et seq., and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the secretary has amended the Solid Waste regulations, LAC 33:VII.10505, 10519, 10525, and 10537 (Log #SW033).

Act 134 of the 2002 Extraordinary Session of the Legislature added language to the Environmental Quality Act, at R.S. 30:2418.M, to require penalties for "fraudulent takings" in the Waste Tire Program. This Rule adds definitions and provides descriptions of and penalties for fraudulent takings. Fraudulent takings refers to the value gained from processing waste tires that are not eligible for the Waste Tire Program. Waste tires are coming from out-of-state into the Waste Tire Program. No fees are collected on these tires, but they enter the system and make their way to waste tire processors who are paid for the processing and marketing of these out-of-state tires. This Rule places the new wording from the Act into the Solid Waste Regulations to make it conspicuous to departmental staff and the regulated community, who are accustomed to referring to the department's regulations for waste tire requirements. The basis and rationale for this Rule are to protect the Waste Tire Management Fund from fraudulent payments.

This Rule meets an exception listed in R.S. 30:2019.D.(2) and R.S. 49:953.G.(3); therefore, no report regarding environmental/health benefits and social/economic costs is required. This Rule has no known impact on family formation, stability, and autonomy as described in R.S. 49:972.

Title 33 ENVIRONMENTAL QUALITY Part VII. Solid Waste Subpart 2. Recycling

Chapter 105. Waste Tires

§10505. Definitions

A. The following words, terms, and phrases, when used in conjunction with the Solid Waste Rules and Regulations, shall have the meanings ascribed to them in this Section, except where the context clearly indicates a different meaning.

* * *

*Fraudulent Taking*Cthe value gained from acts committed by an offender in violation of LAC 33:VII.10537.E

* * *

*Program Eligible Waste Tires*Cthose waste tires generated within Louisiana.

* * *

*Waste Tire Generation*Cthe replacement of an unserviceable tire with a serviceable tire. The sorting, collection, exchange, trade, or transportation of waste tires is not waste tire generation.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411-2422.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:37 (January 1992), amended LR 20:1001 (September 1994), LR 22:1213 (December 1996), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2773 (December 2000), LR 27:829 (June 2001), LR 27:2226 (December 2001), LR 28:1953 (September 2002).

§10519. Standards and Responsibilities of Generators of Waste Tires

A. - I.2. ...

3. no more than 150 tires shall be stored at the generator's place of business at one time, unless stored in a transportable collection container.

J. - O. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411-2422.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:40 (January 1992), amended LR 20:1001 (September 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2777 (December 2000), LR 27:830 (June 2001), LR 27:2227 (December 2001), LR 28:1953 (September 2002).

§10525. Standards and Responsibilities of Waste Tire Processors

A. Upon receiving a shipment containing waste tires, the processor shall be responsible for verifying the number of waste tires in each shipment by actually counting each waste tire or weighing the shipment to determine passenger tire equivalents. The processor shall sign each waste tire manifest upon receiving waste tires.

B. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411-2422.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:41 (January 1992), amended LR 20:1001 (September 1994), LR:22:1213 (December 1996), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2779 (December 2000), LR 27:831 (June 2001), LR 27:2228 (December 2001), LR 28:1953 (September 2002).

§10537. Enforcement

A. - D. ...

E. Fraudulent Takings

1. No person shall, with the intent to defraud, prepare, submit, tender, sign, make an entry upon, or certify any invoice, report, manifest, request for payment, claim, or other document in connection with the origin, transportation, storage, transfer, assignment, sale, or disposal of waste tires as defined by LAC 33:VII.10505.

2. Penalties for a violation of Paragraph E.1 of this Section shall be based on the value of the fraudulent taking. When the fraudulent taking results from a number of distinct acts by the offender, the aggregate amount of the payments, subsidies, credits, other disbursements, or things of value obtained shall determine the grade of the offense. Penalties shall be as follows.

a. If the fraudulent taking amounts to a value of \$500 or more, the offender shall be imprisoned, with or without hard labor, for not more than 10 years, or may be fined not more than \$3,000, or both.

b. When the fraudulent taking amounts to a value of \$300 or more, but less than \$500, the offender shall be imprisoned, with or without hard labor, for not more than two years, or may be fined not more than \$2,000, or both.

c. When the fraudulent taking amounts to less than \$300, the offender shall be imprisoned for not more than six months, or may be fined not more than \$500, or both. However, if such a conviction is the offender's third or subsequent conviction for violation of this Subsection, the offender shall be imprisoned, with or without hard labor, for not more than two years, or may be fined not more than \$2,000, or both.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 20:1001 (September 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2782 (December 2000), LR 28:1954 (September 2002).

James H. Brent, Ph.D.
Assistant Secretary

0209#030

RULE

Office of the Governor Division of Administration Office of Information Technology

Information Technology
(LAC 4:XV.101, 301, 303, 501 and 503)

Editor's Note: This Rule is being repromulgated to correct a citation error. The original Rule may be viewed on pages 1583-1584 of the July 20, 2002 edition of the *Louisiana Register*.

In accordance with the Administrative Procedure Act, R.S. 49:950 et seq., and in order to comply with the legislative mandate of Act 772 of the 2001 Regular Session of the Louisiana Legislature, the Office of the Governor, Division of Administration, Office of Information Technology (OIT), has promulgated Rules and Regulations relative to information technology initiatives.

Title 4

ADMINISTRATION

Part XV. Information Technology

Chapter 1. General Provisions

§101. General

A. Under the authority of the Administrative Procedure Act, R.S. 49:950 et seq., and in accordance with R.S. 39:15.1-6 in Act 772 of the 2001 Regular Session, the Chief Information Officer (CIO) and the Office of Information Technology (OIT) was established to manage and direct the following information technology initiatives:

1. overseeing and implementing a state master information technology plan;
2. establishing/directing the implementation of IT standards, architecture, and guidelines for hardware and software systems, contractual arrangements, consolidation of services, and system management;
3. reviewing, coordinating, and standardizing IT planning, procurement, and budgeting;
4. implementing strategic IT planning, review, and operation;
5. measuring and assessing the performance of IT systems, including the creation of benchmarks and the establishment of accountability;
6. overseeing/coordinating the centralization of technology, including consolidation, outsourcing, and sharing statewide government IT resources and services;
7. assuring compatibility and connectivity of Louisiana's information systems;
8. facilitating and fostering innovative emerging technologies that provide cost-effective solutions for government operation;
9. reviewing/overseeing IT projects and systems for compliance with statewide strategies, goals, and standards;

10. ensuring that statewide IT applications are not duplicated by individual state agencies in the executive branch;

11. facilitating/fostering the identification of state data policy and planning needs; and

12. charging respective user agencies for the cost of IT services provided by OIT.

AUTHORITY NOTE: Promulgated in accordance with Act 772 of the 2001 Regular Session of the Louisiana Legislature.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Information Technology, LR 28:1583 (July 2002), repromulgated LR 28:1954 (September 2002).

Chapter 3. State Agencies Responsibilities

§301. General

A. All agencies under the authority of Act 772 must comply with the policies and guidelines promulgated by the Office of Information Technology.

AUTHORITY NOTE: Promulgated in accordance with Act 772 of the 2001 Regular Session of the Louisiana Legislature.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Information Technology, LR 28:1583 (July 2002), repromulgated LR 28:1955 (September 2002).

§303. Information Technology Coordination

A. All departments shall designate one representative to serve as the Information Technology Coordinator, unless otherwise approved by the CIO. The Information Technology Coordinator shall be recognized by the Office of Information Technology as the agency's authorized representative for coordinating with OIT.

AUTHORITY NOTE: Promulgated in accordance with Act 772 of the 2001 Regular Session of the Louisiana Legislature.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Information Technology, LR 28:1583 (July 2002), repromulgated LR 28:1955 (September 2002).

Chapter 5. Policy and Guidelines

§501. General

A. It is the intent of the Office of Information Technology to develop formal IT policies, standards and guidelines relative to information technology activities including but not limited to the following:

1. implementing of IT standards for hardware, software, and consolidation of services;
2. reviewing and coordinating IT planning, procurement, and budgeting;
3. providing oversight for centralization/consolidation of technology initiatives and the sharing of IT resources;
4. assuring compatibility and connectivity of Louisiana's information systems;
5. providing oversight on IT projects and systems for compliance with statewide strategies, goals, and standards.

B. The policies, standards and guidelines of the Office of Information Technology will be promulgated via Information Technology Bulletins.

AUTHORITY NOTE: Promulgated in accordance with Act 772 of the 2001 Regular Session of the Louisiana Legislature.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Information Technology, LR 28:1583 (July 2002), repromulgated LR 28:1955 (September 2002).

§503. Policy Distribution

A. The official method of publishing/distributing OIT policies, standards and guidelines will be via the OIT website at: www.doa.state.la.us/oit.

B. Other electronic delivery systems will be utilized as appropriate to notify agencies of adopted policies and guidelines.

AUTHORITY NOTE: Promulgated in accordance with Act 772 of the 2001 Regular Session of the Louisiana Legislature.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Office of Information Technology, LR 28:1583 (July 2002), repromulgated LR 28:1955 (September 2002).

Chad McGee

Chief Information Officer

0209#008

RULE

Department of Health and Hospitals Board of Certification for Substance Abuse Counselors

Certification; Practice; Organization; Fees; Examination;
Continuing Education; Impaired Professionals Program;
Ethics; Registrations; Board Approved Programs;
Investigations and Disciplinary Procedures;
Supervision and Miscellaneous Provisions
(LAC 46:LXXX.Chapters 1, 3, 5, 7, 9, 11, 13, 15, 17 and 19)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, that the Board of Certification for Substance Abuse Counselors (Board), pursuant to the authority vested in the board by R.S. 37:3374 amends its existing Rules as set forth below.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXXX. Board of Certification for Substance Abuse Counselors

Chapter 1. General Provisions

§101. Scope

A. The rules of this Part are relative to and govern the Louisiana State Board of Certification for Substance Abuse Counselors (the Board) within the Department of Health and Hospitals, the certification for substance abuse counselors, compulsive gambling counselor, and prevention specialists and the practice of substance abuse counseling, compulsive gambling, and primary prevention.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1074 (December 1989); amended LR 19:627, (May 1993), LR 25:1241 (July 1999), LR 28:1955 (September 2002).

§105. Definitions

A. As used in these rules, the following terms shall have the meanings specified:

* * *

Board Approved Clinical Training Program Any clinical setting involving substance abuse or compulsive

gambling treatment, substance abuse or compulsive gambling counseling services or prevention intervention services which has applied for, received, and maintained approval by the board. The board shall provide for institutions to register as being board approved for clinical training in substance abuse counseling, compulsive gambling counseling, and prevention.

Board Approved Educational Program Any course, workshop, seminar, conference or other educational program presented by an organization which has applied for, received, and maintained approval by the board. The board shall provide for organizations to register as being board approved as an education provider in the field of substance abuse counseling, compulsive gambling counseling, and prevention.

Board Approved Institution of Higher Education Any college or university accredited by a recognized regional accrediting body which has applied for, received, and maintained approval of the board. The board shall provide for institutions of higher education to register as being board approved for higher education in substance abuse counseling, compulsive gambling counseling, and prevention.

Core Functions the screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping activities associated with substance abuse and compulsive gambling counseling, and consultation with credentialed professionals.

Counselor in Training or Prevention Specialist in Training Any person who has not yet met the qualifications to become certified in a particular field but has made an application to be certified in a particular field prescribed in R.S. 37:3376 and is registered as such by the board.

Direct Supervision of a counselor in training or prevention specialist in training by a registered counselor supervisor or qualified professional supervisor means responsible, continuous, on-the-premises observation whereby the board approved supervisor is personally present in the servicing facility and immediately available to the service area. Direct supervision may include treatment team or staffing meetings, observation in group, individual, family, education or other, private conversations (one to one) discussing cases of functions or review of chart or medical records. A registered counselor supervisor or qualified professional supervisor providing direct supervision shall be ultimately responsible for the acts or omissions of the counselor in training or prevention specialist in training he is supervising.

Performance Domains for prevention specialists are:

- a. education and skill development;
- b. community organization;
- c. public and organization policy;
- d. planning and evaluation; and
- e. professional growth and responsibility.

Prevention Counselor Repealed. (Term has been changed to *prevention specialist*.)

Prevention Specialist—(formerly *prevention counselor*) any person who, by means of his special knowledge acquired through formal education and practical experience,

is qualified to provide prevention intervention services that utilize the performance domains specific to prevention and is certified as such by the board. The board shall consider any person providing such services as purporting to be a prevention specialist.

Qualified Professional Supervisor A substance abuse counselor who has been certified and has worked in a licensed or board approved substance abuse treatment program for a minimum of two years; or a compulsive gambling counselor or prevention specialist who has been certified and has worked in a licensed or board approved treatment program in his area of certification for a minimum of two years; or a credentialed professional such as a board certified social worker, licensed psychologist, or licensed physician; or any other professional recognized as a trainer by the board upon presentation of verification and documentation of expertise, such as a registered counselor supervisor.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1075 (December 1989), amended LR 19:628 (May 1993), LR 25:1241 (July 1999), LR 28:1955 (September 2002).

Chapter 3. Practice

§301. Scope of Practice

A. - B. ...

C. The practice of prevention within the meaning and intent of these rules and regulations shall consist of the rendering of professional guidance to those at risk of alcohol, tobacco and other drugs and to assist them in gaining an understanding of the nature of their disorder and developing and maintaining a responsible lifestyle free of abuse and no longer in need of prevention intervention services. The scope of the practice shall include making appropriate referrals to qualified professionals and utilizing the performance domains of prevention.

D. Nothing in these rules and regulations shall be construed to authorize a substance abuse counselor, compulsive gambling counselor, or prevention specialist to practice medicine, social work, or psychology, or to provide counseling for disorders other than substance abuse or compulsive gambling, or for prevention. A substance abuse counselor, compulsive gambling counselor, or prevention specialist shall not order, administer, or interpret psychological tests or utilize psychometric procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1075 (December 1989), amended LR 19:629 (May 1993), LR 25:1241 (July 1999), LR 28:1956 (September 2002).

§303. Minimum Standards of Practice

A. The minimum standard of practice will be met if:

1. the counselor or specialist is certified and in good standing with the board;
2. the counselor or specialist adheres to the code of ethics as set forth in these rules; and
3. the counselor or specialist practices within the scope of practice defined in these rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1075 (December 1989), amended LR 19:629 (May 1993), LR 28:1956 (September 2002).

Chapter 5. Fees and Board Documents

§501. Fees

A. - C. ...

D. In accordance with R.S. 37:3377.A of the Substance Abuse Counselor Certification Act the fee schedule shall be as follows:

| | |
|---|-------|
| Application | \$100 |
| Initial Certification | \$200 |
| Certification by Reciprocity from Another State | \$200 |
| Renewal of Certification | \$200 |
| Late Fee for Renewal of Certification | \$150 |
| Reinstatement of Certification | \$200 |
| Appeal/Evaluation of Exam Decision | \$150 |
| Registration as Counselor in Training or Prevention Specialist in Training | \$ 75 |
| Renewal of Registration as Counselor in Training or Prevention Specialist in Training | \$ 75 |
| Registration as Registered Counselor Supervisor | \$150 |
| Renewal of Registration as Registered Counselor Supervisor | \$150 |
| Registration as Approved Training Institution | \$200 |
| Renewal of Registration as Approved Training Institution | \$200 |
| Registration as Approved Education Provider | \$200 |
| Renewal of Registration as Approved Education Provider | \$200 |
| Registration for Approved Educational Provider Single Course | \$ 60 |
| Registration as Approved Institution of Higher Education | \$200 |
| Renewal of Registration as Approved Institution of Higher Education | \$200 |
| Late Fee for Renewal of Any Registration | \$150 |

E. All fees are non-refundable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1075 (December 1989), amended LR 19:629 (May 1993), LR 28:1957 (September 2002).

§503. Board Documents

A. Official Records

1. Official records of the board shall be maintained at the office of the board or other depository authorized by the board.

2. All official records of the board including application materials, except materials containing information considered confidential, shall be open for inspection during regular office hours.

3. Any person desiring to examine official records shall be required to properly identify himself and sign statements listing the records questioned and examined. Records which are stored in historical files or which have been authorized for off site storage may require a fee for research and location.

4. Official records shall not be taken from the board's office. Persons may obtain copies of records upon written request and by paying a fee prescribed by the board.

B. Certificate

1. The board shall prepare and provide to each certified counselor or specialist a certificate which lists the

counselor's or specialist's name, date of initial certification, and certification number.

2. Original certificates shall not be issued until the application has been evaluated and approved by official action of the board. The board may set the effective date and expiration date of the certificate at the time of approval.

3. Replacement certificates shall be issued when the required request has been received and fee paid. Replacement certificates shall contain the same information as the original certificate.

4. Official certificates shall be signed by the chairman, vice chairman, and secretary-treasurer, and be affixed with the official seal of the State of Louisiana. Certificates shall be signed by officers who are serving at the time the certificate is issued.

5. Currency of the certificate shall be documented by a wallet card issued by the board with the date of certification or renewal and the date of expiration.

C. Roster and Mailing Lists

1. Each year the board shall make available a roster of Board Certified Substance Abuse Counselors, Board Certified Compulsive Gambling Counselors, and Board Certified Prevention Specialists.

2. The roster shall include, but not be limited to, the name, address, and telephone number of each counselor or specialist. It is the counselor's or specialist's responsibility to keep the board informed of changes of address or other information.

3. The board shall make copies of the roster available to counselors, specialist's, interested agencies, and the general public upon request and at a cost prescribed by the board.

4. The use of mailing lists may be obtained from the board by submitting the prescribed fee with a written request, including delivery instructions, to the office of the board.

5. Rosters and mailing lists are the property of the board and shall not be distributed nor used by any party other than that which initially obtained a copy.

D. Notice and Receipt

1. Notices and communications are official when signed by a member of the board or other person so designated and mailed to the address of record.

2. The receipt of applications, forms, notices, and other communications by the board shall be determined by the date when received in the office of the board.

3. The board shall not be responsible for delay in delivery.

E. - R.2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1075 (December 1989), amended LR 19:629 (May 1993), LR 28:1957 (September 2002).

Chapter 7. Certification

§701. Requirements

A. - A.1. ...

2. is a legal resident of the United States;

3. ...

4. is not and has not been a compulsive gambler or an abuser of alcohol or other drugs during the previous two years;

5. has not been convicted of, pleaded guilty, or entered a plea of nolo contendere to a felony. However, the board in its discretion may waive this requirement upon review of the individual's circumstances;

6. provides evidence of having earned educational credit sufficient to satisfy the requirements for substance abuse counselor certification and of having successfully completed the experiential requirements for substance abuse counselor certification as prescribed by the board which include:

a. has successfully completed a minimum of 30 semester hours of substance abuse courses with a minimum of 12 semester hours of substance abuse courses from an accredited and board approved institution of higher education and the remainder, up to 18 equivalent hours, granted by a board approved institution of higher education or other board approved educational program at the rate of 15 contact hours per one semester hour;

b. possesses a master's degree from an accredited institution of higher education in human sciences approved by the board which includes, but is not limited to, one of the following areas: nursing, criminal justice, social work, social welfare, sociology, substance abuse, psychology, mental health, counseling, education counseling, or family, child, and consumer science, and provides evidence of having successfully completed one-year of full-time clinical training in board-approved institutions in the actual performance of each of the core functions with substance abuse clients while under the supervision of a qualified professional, including direct supervision in each of the 12 core functions, with a minimum of one contact hour per week; or

c. possesses a bachelor's degree from an accredited institution of higher education in human sciences approved by the board which includes, but is not limited to, one of the following areas: nursing, criminal justice, social work, social welfare, sociology, substance abuse, psychology, mental health counseling, education counseling or family, child and consumer science, and provides evidence of having successfully completed two years of full-time clinical training in board-approved institutions in the actual performance of each of the core functions with substance abuse clients while under the supervision of a qualified professional, including direct supervision in each of the 12 core functions, with a minimum of one contact hour per week;

d. possesses a bachelor's degree in a field other than human sciences, as well as provides evidence of having successfully completed three years of full-time clinical training in board-approved institutions in the actual performance of each of the core functions with substance abuse clients while under the supervision of a qualified professional, including direct supervision in each of the 12 core functions, with a minimum of one contact hour per week;

7. demonstrates professional competency in substance abuse counseling by passing a written and oral examination prescribed by the board;

8. makes application and pays the fees prescribed by the board;

9. it is the candidate's responsibility to assure himself that his educational preparation has provided comprehensive coverage of the subjects and topics necessary to allow him to

develop a sufficient knowledge base and to adequately prepare him to be able to demonstrate professional competency in substance abuse counseling;

10. it is the candidate's responsibility to assure himself that his clinical experience has provided comprehensive training sufficient to adequately prepare him to be able to demonstrate professional competency in substance abuse counseling; and

11. credit received for practicum, internship or other experiential education may be claimed for education or experience, but not both.

12. - 13. Repealed.

B. Certification as a Counselor by Reciprocity from Other States. The board may issue a certificate, without examination in this state, to any person who:

1. submits an application and pays the fees equivalent to those required for the initial application and examination;

2. possesses a valid certificate to practice as a substance abuse counselor in any other state of the United States;

3. can satisfy the board that the certificate from the other state is based upon an examination and other requirements substantially equivalent to the requirements of Subsection A of this Section.

C. Initial Compulsive Gambling Counselor Certification. The board shall issue a certification as a board certified compulsive gambling counselor to each candidate who:

1. is at least 21 years of age and has earned a high school diploma or its equivalent;

2. is a legal resident of the United States;

3. is not in violation of any ethical standards subscribed to by the board;

4. is not and has not been an abuser of alcohol or other drugs and not a compulsive gambler during the previous two years;

5. has not been convicted of, pleaded guilty, or entered a plea of nolo contendere to a felony. However, the board in its discretion may waive this requirement upon review of the individual's circumstance;

6. possesses and maintains a board certification for substance abuse counseling;

7. successfully completes 30 clock hours of gambling addiction courses from a board-certified education program;

8. demonstrates professional competency in gambling counseling by passing a written and oral examination prescribed by the board;

9. makes application and pays the fees prescribed by the board;

10. it is the candidate's responsibility to assure himself that his educational preparation has provided comprehensive coverage of the subjects and topics necessary to allow him to develop a sufficient knowledge base and to adequately prepare him to be able to demonstrate professional competency in compulsive gambling counseling;

11. it is the candidate's responsibility to assure himself that his clinical experience has provided comprehensive training sufficient to adequately prepare him to be able to demonstrate professional competency in compulsive gambling counseling; and

12. credit received for practicum, internship, or other experiential education may be claimed for education or experience, but not both.

D. Initial Prevention Specialist Certification. The board shall issue a certification as a Board Certified Prevention Specialist to each candidate who:

1. is at least 21 years of age and has earned a high school diploma or its equivalent;
2. is a legal resident of the United States;
3. is not in violation of any ethical standards subscribed to by the board;
4. is not and has not been an abuser of alcohol or other drugs and not a compulsive gambler during the previous two years;
5. has not been convicted of, pleaded guilty, or entered a plea of nolo contendere to a felony. However, the board in its discretion may waive this requirement upon review of the individual's circumstance;
6. successfully completes 30 semester hours of prevention related courses approved by the board. Equivalency may be met by board-approved educational programs at the rate of 15 contact hours per one semester hour;
7. possesses a bachelor's degree from an accredited institution of higher education approved by the board in one of the following areas: nursing, criminal justice, business, social work, social welfare, sociology, substance abuse, psychology, mental health counseling, education, education counseling or family, child and consumer science;
8. completes experiential requirements prescribed by the board, including the following: two years of full-time prevention experience in board-approved institutions related to alcohol, tobacco and other drugs; 120 clock hours in the performance domains, with a minimum of 10 hours in each performance domain while under the supervision of a qualified professional, with a minimum of one contact hour per week. The performance domains are: program coordination, education and training, community organization, public policy, planning and evaluation and professional responsibility;
9. demonstrates professional competency in primary prevention by successfully passing a written examination prescribed by the board;
10. makes application and pays the fees prescribed by the board;
11. it is the candidate's responsibility to assure himself that his educational preparation has provided comprehensive coverage of the subjects and topics necessary to allow him to develop a sufficient knowledge base and to adequately prepare him to be able to demonstrate professional competency in primary prevention;
12. it is the candidate's responsibility to assure himself that his clinical experience has provided comprehensive training sufficient to adequately prepare him to be able to demonstrate professional competency in primary prevention; and
13. credit received for practicum, internship, or other experiential education may be claimed for education or experience, but not both.

E. Certification as a Prevention Specialist by Reciprocity from Other States. The board may issue a certificate, without examination in this state, to any person who:

1. submits an application and pays the fees equivalent to those required for the initial application examination;

2. possesses a valid certificate to practice as a prevention specialist in any other state of the United States;

3. can satisfy the board that the certificate from the other state is based upon an examination and other requirements substantially equivalent to the requirements of Subsection D of this Section.

F. - H1.c. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1076 (December 1989), amended LR 19:631 (May 1993), LR 25:1241 (July 1999), LR 28:1957 (September 2002).

§703. Application and Examination

A. Request for Application

1. Persons desiring information regarding certification as a board certified substance abuse counselor, board certified compulsive gambling counselor or board certified prevention specialist shall be sent an information brochure and a request for application form.

2. - 3. ...

4. An applicant shall have six months from the date issued to complete the application package and return it to the board. The application package shall expire one year from the date it is issued. However, if an applicant for certification as a substance abuse counselor or compulsive gambling counselor has successfully passed either the written or oral examination, the application period will be extended to the next consecutive examination date to allow the applicant a second test opportunity for the failed examination. Any applicant with an expired or void application package must re-apply and must re-take all portions of the examination for certification.

B. - B.3.f. ...

g. official transcripts from a college or university;

B.4 - C.3 ...

4. Upon notification that the application is acceptable, the applicant becomes a candidate for certification.

a. Candidates requiring examination are then eligible to request the examinations required for the field for which they are seeking certification.

b. ...

D. Examination

1. Candidates must request examination by submitting the required form, including a written case if required to take an oral examination, selecting an examination date 30 days in advance, and paying the examination fee set by the board.

2. The board shall determine the scope and administration of the examination to provide the opportunity for the candidate to demonstrate competency in the field for which he seeks certification.

3. - 5. ...

6. The application of a candidate for certification as a substance abuse counselor or compulsive gambling counselor who fails both parts of the examination, or the application of a candidate for certification as a prevention specialist who fails the written examination, becomes void. The candidate must re-apply and pay all applicable fees.

7. A candidate for certification as a substance abuse counselor or compulsive gambling counselor who fails either part of the examination may:

a. continue in the process as long as his application is valid, however, if the candidate has successfully passed either the written or oral examination, the application period will be extended to the next consecutive examination date to allow the candidate a second test opportunity;

b. re-take the failed part of the examination by submitting the required form, including a written case for an oral re-test, selecting a new examination date 30 days in advance, and paying the examination fee set by the board.

8. If requested in writing, the board shall provide the candidate who fails any examination, upon payment of the board's prescribed fee, an evaluation of that candidate's test performance within a reasonable time period. Within five days of the receipt of the written request and fee, the board shall notify in writing the testing authority, or its agent, of the request for the evaluation of the failed examination. Within 30 days of receipt of such written notification, the testing authority, or its agent, shall provide to the board its written evaluation in response to the candidate's request.

D.9 - E.1. ...

2. Upon receipt of the certification fee, the board shall examine the application and recommendations from the Certification Committee. The board shall issue certification as a BCSAC, BCCGC or BCPS to the candidate upon formal affirmative vote of the majority of the board present and voting provided there is a quorum present.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1076 (December 1989), amended LR 19:632 (May 1993), LR 25:1243 (July 1999); LR 28:1959 (September 2002).

§705. Renewal

A. - C.1. ...

2. Applications for renewal which do not satisfy the requirements will be deficient. The counselor or specialist will be notified and allowed to correct the deficiency. It is the counselor's or specialist's responsibility to correct the deficiency prior to the expiration date of his certification.

3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1077 (December 1989), amended LR 19:632 (May 1993), LR 28:1960 (September 2002).

§707. Continuing Professional Education

A. Within the two years prior to application for certification renewal, all Board Certified Substance Abuse Counselors, Board Certified Compulsive Gambling Counselors, and Board Certified Prevention Specialists must have completed at least 48 clock hours of education directly applicable to substance abuse counseling, compulsive gambling counseling or prevention whichever is applicable.

B. - C.1. ...

2. client education approaches for problems of chemical dependency or compulsive gambling;

3. ...

4. chemical dependency or compulsive gambling counseling techniques including individual and group psychodynamics;

5. ...

6. chemical dependency or compulsive gambling crisis intervention skills;

7. awareness of special population needs in reference to substance abuse or compulsive gambling;

8. ...

9. basic pharmacologic knowledge and an understanding of the chemical dependency or compulsive gambling disease concept;

10. - 11. ...

12. related medical and psychological disorders that may require referral; and

13. skills in the performance domains of prevention.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1077 (December 1989), amended LR 19:634 (May 1993), LR 25:1243 (July 1999), LR 28:1960 (September 2002).

§711. Lapsed Certificate; Reinstatement; Surrender

A. Lapsed Certificate. Certification is lapsed immediately upon passing 90 days after the expiration date. Lapsed certificates shall be surrendered to the board for non-payment of fees, or reinstated, upon meeting the reinstatement requirements. A lapsed certificate terminates immediately the status of a registered counselor supervisor unless and until reinstatement is granted by the board.

B. - B.4. ...

5. new issue and expiration dates are set by the board and the counselor's or specialist's file is annotated to show the lapsed period.

C. Non-Payment of Fees; Surrender of Certificate

1. A former board certified substance abuse counselor, board certified compulsive gambling counselor or board certified prevention specialist who does not renew his certificate shall surrender the certificate by returning it to the office of the board.

2. A former board certified substance abuse counselor, board certified compulsive gambling counselor, or board certified prevention specialist who desires to exercise the option of the grace period to reactivate the certificate or to apply for reinstatement within one year may retain the certificate provided an acknowledgment is made in writing that the certificate is not valid during the period in which it is inactive or lapsed.

3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1077 (December 1989), amended LR 19:634 (May 1993), LR 25:1243 (July 1999), LR 28:1960 (September 2002).

Chapter 9. Disciplinary Procedures

§901. Causes for Administrative Action

A. The Board, after due notice and hearing as set forth herein and the Administrative Procedure Act, R.S. 49:950 et seq., may deny, revoke or suspend any certification issued or applied for, access an administrative fee not to exceed \$500 per violation, or otherwise discipline a certificate holder, counselor or prevention specialist in training, or applicant on a finding that the person has violated the Substance Abuse

Counselor Certification Act, any of the rules and regulations promulgated by the board, the Code of Ethics, or prior final decisions and/or consent orders involving the certificate holder, counselor or prevention specialist in training, or applicant. Sometimes hereinafter in this Chapter, where the context allows, a certificate holder, counselor or prevention specialist in training, or applicant may be referred to as "person."

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:634 (May 1993), LR 25:1244 (July 1999), LR 28:1960 (September 2002).

§903. Disciplinary Process and Procedures

A. The purpose of the following rules and regulations is to supplement and effectuate the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq., regarding the disciplinary process and procedures incident thereto. These rules and regulations are not intended to amend or repeal the provisions of the Administrative Procedure Act, and to the extent any of these rules and regulations are in conflict therewith, the provisions of the Louisiana Administrative Procedure Act shall govern.

B. A disciplinary proceeding, including the formal hearing, is less formal than a judicial proceeding. It is not subject to strict rules and technicalities, but must be conducted in accordance with considerations of fair play and constitutional requirements of due process.

C. The purpose of a disciplinary proceeding is to determine contested issues of law and fact; whether the person did certain acts or omissions and, if he did, whether those acts or omissions violated the Substance Abuse Counselor Certification Act, the rules and regulations of the board, the Code of Ethics, or prior Final Decisions and/or Consent Orders involving the certificate holder, counselor or prevention specialist in training, or applicant and to determine the appropriate disciplinary action.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:635 (May 1993), LR 28:1961 (September 2002).

§905. Initiation of Complaints

A. Complaints may be initiated by any person or by the board on its own initiative.

B. All complaints shall be addressed confidential and shall be sent to the board office. The investigating board member, with benefit of counsel, shall decide to investigate the charges or deny the charges. If the charges are denied, a letter of denial is prepared and forwarded to the complainant and the person accused of wrongdoing. If the investigating board member decides to investigate, the person shall be notified that allegations have been made that he may have committed a breach of statute, rule and regulation, the Code of Ethics, and/or prior final decisions or consent orders and that he must respond in writing to the board within a specified time period. The response is to be made to the board office address. The complaint letter of alleged violations shall not be given initially to the person. However, sufficiently specific allegations shall be conveyed to the person for his response. Once the person has answered the

complaint, and other pertinent information, if available, is reviewed, a determination by the investigating board member, with benefit of counsel, will be made if a disciplinary proceeding is required.

C. Pursuant to its authority to regulate the industry, the board through its investigating board member, may issue subpoenas to secure evidence of alleged violations of the Substance Abuse Counselor Certification Act, any of the rules and regulations promulgated by the Board, the Code of Ethics, or prior final decisions and/or consent orders involving the certificate holder, counselor or prevention specialist in training, or applicant.

D. "Counsel" referenced in this Chapter shall mean the board's general counsel who will be assisting in the investigation and prosecution of an administrative action. Said counsel shall not provide any legal advice or act as legal counsel to the board or its members, other than the investigating board member, regarding a pending administrative action during the investigation, prosecution and resolution of such disciplinary action by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:635 (May 1993), LR 25:1244 (July 1999), LR 28:1961 (September 2002).

§907. Informal Disposition of Complaints

A. Some complaints may be settled informally by the board and the person accused of a violation without a formal hearing.

B. The following types of informal dispositions may be utilized.

1. Disposition by Correspondence

a. For complaints less serious, the investigating board member may write to the person explaining the nature of the complaint received. The person's subsequent response may satisfactorily explain the situation, and the matter may be closed.

b. If the situation is not satisfactorily explained, it shall be pursued through an informal conference or formal hearing.

2. Informal Conference

a. The investigating board member may hold a conference with the person in lieu of, or in addition to, correspondence in cases of less serious complaints. If the situation is satisfactorily explained in conference, a formal hearing is not scheduled.

b. The person shall be given adequate notice of the conference, of the issues to be discussed, and of the fact that information brought out at the conference may later be used in a formal hearing. Board members, other than the investigating board member, may not be involved in informal conferences.

3. Settlement. An agreement worked out between the person making the complaint and the person accused of a violation does not preclude disciplinary action by the board. The nature of the offense alleged and the evidence before the Board must be considered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse

§909. Formal Hearing

A. The board has the authority, granted by R.S. 37:3371 et seq., to bring administrative proceedings against persons to whom it has issued a certification, counselor or prevention specialist in training status, or any applicant. The person has the right to appear and be heard, either in person or by counsel; the right of notice; a statement of what accusations have been made; the right to present evidence and to cross-examine; and the right to have witnesses subpoenaed.

B. If the person does not appear, either in person or through counsel, after proper notice has been given, the person may be considered to have waived these rights and the board may proceed with the hearing without the presence of the person.

C. The process of administrative action shall include certain steps and may include other steps as follows.

1. The board received a complaint alleging that a person has acted in violation of the Substance Abuse Counselor Certification Act, the rules and regulations of the board, or the Code of Ethics. Communications from the complaining party shall not be revealed to any person until and unless a formal complaint is filed except those documents being subpoenaed by a court.

2.a. The complaint is investigated by the investigating board member or board attorney to determine if there is sufficient evidence to warrant disciplinary proceedings. No board member, other than the investigating board member, may communicate with any party to a proceeding or his representative concerning any issue of fact or law involved in that proceeding.

b. A decision to initiate a formal complaint or charge is made if one or more of the following conditions exists:

- i. the complaint is sufficiently serious;
- ii. the person fails to respond to the board's correspondence concerning the complaint;
- iii. the person's response to the board's letter or investigation demand is not convincing that no action is necessary; or
- iv. an informal approach is used, but fails to resolve all of the issues.

3. A sworn complaint is filed, charging the violation of one or more of the provisions of the Substance Abuse Counselor Certification Act, the rules and regulations promulgated thereto, the Code of Ethics, or prior final decisions and/or consent orders involving the person.

4. A time and place for a hearing is fixed by the chairman or an agent of the board.

5.a. At least 30 days prior to the date set for the hearing, a copy of the charges and a notice of the time and place of the hearing are sent by certified mail to the last known address of the person accused. If the mailing is not returned to the board, it is assumed to have been received. It is the person's obligation to keep the board informed of his whereabouts.

b. The content of the charges limits the scope of the hearing and the evidence which may be introduced. The charges may be amended at any time up to ten days prior to the date set for the hearing.

c. If the board is unable to describe the matters involved in detail at the time the sworn complaint is filed, this complaint may be limited to a general statement of the issues involved. Thereafter, upon the person's request, the board shall supply a more definite and detailed statement to the person.

6. Except for extreme emergencies, motions requesting a continuance of a hearing shall be filed at least five days prior to the time set for the hearing. The motion shall contain the reason for the request, which reason must have relevance to due process.

7.a. The chairman, or an authorized agent of the board, issues subpoenas for the board for disciplinary proceedings, and when requested to do so, may issue subpoenas for the other party. Subpoenas include:

- i. a subpoena requiring a person to appear and give testimony; and
- ii. a subpoena duces tecum, which requires that a person produce books, records, correspondence, or other materials over which he has custody.

b. A motion to limit or quash a subpoena may be filed with the board, but not less than 72 hours prior to the hearing.

8.a. The hearing is held, at which time the board's primary role is to hear evidence and argument, and to reach a decision. Any board member who, because of bias or interest, is unable to assure a fair hearing, shall be recused from the particular proceeding. The reasons for the recusal are made part of the record. Should the majority of the board members be recused for a particular proceeding, the governor shall be requested to appoint a sufficient number of pro tem members to obtain a quorum for the proceeding.

b. The board is represented by its agent who conducted the investigation and presents evidence that disciplinary action should be taken against the person and/or by the board's attorney. The person may present evidence personally or through an attorney, and witnesses may testify on behalf of the person.

c. Evidence includes the following:

- i. oral testimony given by witnesses at the hearing, except that, for good cause, testimony may be taken by deposition (cost of the deposition is borne by requesting party);
- ii. documentary evidence, i.e., written or printed materials including public, business, institutional records, books and reports;
- iii. visual, physical and illustrative evidence;
- iv. admissions, which are written or oral statements of a party made either before or during the hearing;
- v. facts officially noted into the record, usually readily determined facts making proof of such unnecessary; and/or
- vi. other items or things allowed into evidence by the Louisiana Evidence Code or applicable statutory law or jurisprudence.

d. All testimony is given under oath. If the witness objects to swearing, the word "affirm" may be substituted.

9. The chairman of the board presides and the customary order of proceedings at a hearing is as follows:

a. the board's representative makes an opening statement of what he intends to prove, and what action, he wants the board to take;

b. the person, or his attorney, makes an opening statement, explaining why he believes that the charges against him are not legally founded;

c. the board's representative presents the case against the person;

d. the person, or his attorney, cross-examines;

e. the person presents evidence;

f. the board's representative cross-examines;

g. the board's representative rebuts the person's evidence;

h. both parties make closing statements. The board's representative makes the initial closing statement and the final statement.

10. Motions may be made before, during, or after a hearing. All motions shall be made at an appropriate time according to the nature of the request. Motions made before or after the hearing shall be in writing. Those made during the course of the hearing may be made orally since they become part of the record of the proceeding.

11.a. The record of the hearing shall include:

i. all papers filed and served in the proceeding;

ii. all documents and/or other materials accepted as evidence at the hearing;

iii. statements of matters officially noticed;

iv. notices required by the statutes or rules; including notice of the hearing;

v. affidavits of service or receipts for mailing or process or other evidence of service;

vi. stipulations, settlement agreements or consent orders, if any;

vii. records of matters agreed upon at a prehearing conference;

viii. reports filed by the hearing officer, if one is used;

ix. orders of the board and its final decision;

x. actions taken subsequent to the decision, including requests for reconsideration and rehearing;

xi. a transcript of the proceedings, if one has been made, or an audio or stenographic record.

b. The record of the proceeding shall be retained until the time for any appeal has expired, or until the appeal has been concluded. The record is not transcribed unless a party to the proceeding so requests, and the requesting party pays for the cost of the transcript.

12.a. The decision of the board shall be reached according to the following process:

i. determine the facts at issue on the basis of the evidence submitted at the hearing;

ii. determine whether the facts in the case support the charges brought against the person; and

iii. determine whether charges brought are in violation of the Substance Abuse Counselor Certification Act, rules and regulations of the board, and/or the Code of Ethics.

b. Deliberation

i. The board will deliberate in closed session.

ii. The board will vote on each charge as to whether the charge has been supported by the evidence. The standard will be "preponderance of the evidence."

iii. After considering each charge, the board will vote on a resolution to dismiss the charges, deny, revoke or suspend any certification issued or applied for, access an administrative fee not to exceed \$500 per violation, or otherwise discipline a person or applicant. An affirmative vote of a majority of the quorum of the board shall be needed to deny, revoke, or suspend any certification issued or applied for, or counselor or prevention specialist in training status, in accordance with the provisions of this Chapter, access an administrative fee not to exceed \$500 per violation, or otherwise discipline a person or applicant. The investigating board member shall not be involved in or present during deliberation, nor shall he be included in the quorum or allowed to vote on the outcome of the proceeding.

iv. In addition to any sanction and/or administrative fees assessed by the board against the person, the board may assess all costs incurred in connection with the proceedings including, but not limited to, investigation, court reporting, attorney fees and court costs.

c. Sanctions and/or administrative fees assessed against the person who is party to the proceeding are based upon findings of fact and conclusions of law determined as a result of the hearing, and will be issued by the board in accordance with applicable statutory authority. The party is notified by mail of the final decision of the board.

13. Every order of the board shall take effect immediately on its being rendered unless the board in such order fixes a stay of execution of a sanction for a period of time against an applicant or holder of a certificate. Such order, without a stay of execution, shall continue in effect until expiration of any specified time period or termination by a court of competent jurisdiction. The board shall notify all persons of any action taken against him and may make public its orders and judgment in such manner and form as allowed by law.

14.a. The board may reconsider a matter which it has decided. This may involve rehearing the case, or it may involve reconsidering the case on the basis of the record. Such reconsideration may occur when a party who is dissatisfied with a decision of the board files a motion requesting that the decision be reconsidered by the board.

b. The board shall reconsider a matter when ordered to do so by a higher administrative authority or when the case is remanded for reconsideration or rehearing by a court to which the board's decision has been appealed.

c. A motion by a party for reconsideration or rehearing must be in proper form and filed within 10 days after notification of the board's decision. The motion shall set forth the grounds for the rehearing, which include one or more of the following:

i. the board's decision is clearly contrary to the law and evidence;

ii. there is newly discovered evidence by the party since the hearing which is important to the issues and which the party could not have discovered with due diligence before or during the hearing;

iii. there is a showing that issues not previously considered ought to be examined in order to dispose of the case properly; or

iv. it would be in the public interest to further consider the issues and the evidence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:635 (May 1993), LR 28:1962 (September 2002).

§911. Consent Order

A. An order involving a type of disciplinary action may be made to the board by the investigating board member with the consent of the person. To be accepted, a consent order requires formal consent of a majority of the quorum of the board. Such quorum does not include the investigating board member. It is not the result of the board's deliberation; it is the board's acceptance of an agreement reached between the board and the person. A proposed consent order may be rejected by the board in which event a formal hearing will occur. The consent order, if accepted by the board, is issued by the board to carry out the parties' agreement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

§913. Withdrawal of a Complaint

A. If the complainant wishes to withdraw the complaint, the inquiry is terminated, except in cases where the investigating board member judges the issues to be of such importance as to warrant completing the investigation in its own right and in the interest of public welfare.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

§915. Refusal to Respond or Cooperate with the Board

A. If the person does not respond to the original inquiry within a reasonable period of time as requested by the Board, a follow-up letter shall be sent to the person by certified mail, return receipt requested.

B. If the person refuses to reply to the board's inquiry or otherwise cooperate with the board, the board shall continue its investigation. The board shall record the circumstances of the person's failure to cooperate and shall inform the person that the lack of cooperation may result in action which could eventually lead to the denial, revocation or suspension of his certification, counselor or prevention specialist in training status, or application, assessment of an administrative fee not to exceed \$500, or otherwise issue appropriate disciplinary sanction.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

§917. Judicial Review of Adjudication

A. Any person whose certification, counselor or prevention specialist in training status, or application, has been denied, revoked or suspended or otherwise disciplined by the board shall have the right to have the proceedings of the board reviewed by the state district court for the parish of East Baton Rouge, provided that such petition for judicial review is made within 30 days after the notice of the decision of the board. If judicial review is granted, the

board's decision is enforceable in the interim unless the court orders a stay.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

§919. Appeal

A. A person aggrieved by any final judgment rendered by the state district court may obtain a review of said final judgment by appeal to the appropriate circuit court of appeal. Pursuant to the applicable section of the Administrative Procedure Act, R.S. 49:950 et seq., this appeal shall be taken as in any other civil case.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

§921. Emergency Action

A. If an affirmative vote of a majority of the quorum of the board called for a special meeting finds that public health, safety and welfare requires emergency action and incorporates a finding to that effect in its order, a summary suspension of a certificate or registration, or counselor or prevention specialist in training status, may be ordered pending proceedings for disciplinary action. Such proceedings shall be promptly instituted and a formal hearing held, after due notice, within 10 calendar days of the issuance of the order or summary suspension. The formal hearing referenced herein shall be conducted pursuant to the procedure established in §909 regarding formal hearings, less and except any procedures or time limits inconsistent with the emergency action. Thereafter, the person aggrieved by a decision of the board may seek judicial review and appeal pursuant to §§917 and 919.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

§923. Reinstatement of Suspended or Revoked Certification

A. Any person whose certification, or counselor or prevention specialist in training status, is suspended or revoked may, at the discretion of the board, be re-certified or reinstated at any time without an examination by majority vote of the board on written application made to the board showing cause justifying re-certification or reinstatement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 28:1964 (September 2002).

Chapter 11. Declaratory Statements

§1101. Procedure

A. The board may issue a declaratory statement in response to a request for clarification of the effect of the provisions contained in the Substance Abuse Counselor Certification Act, R.S. 37:3371 et seq., the rules and regulations promulgated by the board and/or the Code of Ethics.

B. A request for declaratory statement is made in the form of a petition to the board. The petition should include at least:

1. the name and address of the petitioner;
2. specific reference to the statute, rule and regulation, or the Code of Ethics; and
3. a concise statement of the manner in which the petitioner is aggrieved by the statute, rules and regulations, or provision of the Code of Ethics by its potential application to him in which he is uncertain of its effect.

C. The petition shall be considered by the board within a reasonable period of time taking into consideration the nature of the matter and the circumstances involved.

D. The declaratory statement of the board in response to the petition shall be in writing and mailed to the petitioner at the last address furnished to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1074 (December 1989), amended LR 19:638 (May 1993), LR 25:1245 (July 1999), LR 28:1964 (September 2002).

§1103. Filing a Complaint

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:635 (May 1993), LR 25:1244 (July 1999), repealed LR 28:1965 (September 2002).

§1105. Investigation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:636 (May 1993), LR 25:1244 (July 1999), repealed LR 28:1965 (September 2002).

§1107. Resolution

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:635 (May 1993), repealed LR 28:1965 (September 2002).

Chapter 13. Impaired Professionals Program

§1301. Program

A. The board shall develop policies and procedures for the operation of an impaired professional program which shall include provision for the identification and rehabilitation of certificate holders, counselors in training and prevention specialists in training whose quality of service is impaired or thought to be impaired due to mental or physical conditions.

AUTHORITY NOTE: Promulgated in accordance with LSA R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:636 (May 1993), LR 28:1965 (September 2002).

§1303. Identification

A. Any report of impairment shall be forwarded to the impaired professional program for review and

recommendation. The board shall investigate any individual who holds a certificate or training status issued by this board whose quality of service is impaired or thought to be impaired due to mental or physical conditions.

B. Should the board have reasonable cause to believe that the fitness and ability of a certificate holder, counselor in training or prevention specialist in training is affected by mental illness or deficiency, or physical illness, including but not limited to deterioration through the aging process and/or excessive use or abuse of drugs including alcohol, a thorough examination may be ordered.

C. The board may appoint or designate an examining agent which may be comprised of Board Certified Substance Abuse Counselors, Board Certified Compulsive Gambling Counselors, Board Certified Prevention Specialists, physicians, and/or other health care professionals to conduct a physical and/or mental examination, including requiring a urine drug screen, blood, breath, and other tests as deemed appropriate and allowed by law; and to otherwise inquire into the fitness and ability of a certificate holder, counselor in training or prevention specialist in training to practice this profession with reasonable skill and safety to clients.

D. The order for examination shall be the certificate holder's, counselor in training's or prevention specialist in training's opportunity to defend against the alleged impairment and prove fitness to practice this profession. Refusal to follow the order for examination or failure to keep an appointment for examination or tests without just cause shall be de facto evidence of impairment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:636 (May 1993), LR 25:1244 (July 1999), LR 28:1965 (September 2002).

§1305. Rehabilitation

A. The certificate holder, counselor in training or prevention specialist in training shall be financially responsible for the payment of and obtaining an opinion and treatment plan from a qualified addictionist approved by the board.

B. The examining agent shall submit advisory reports and recommendations to the board. Priority shall be given to intervention, treatment, rehabilitation and monitoring recommendations if impairment is suspected or confirmed.

C. Voluntary surrender of certification or training status shall be accompanied by agreement to satisfy all conditions set by the board.

D. A formal hearing for suspension or revocation of certification or training status shall be the last resort.

E. The board may enter into a consent order with an impaired professional in lieu of decertification or termination of training status.

F. The impaired professional program shall supervise treatment, rehabilitation, and monitoring activities as required by the board and/or specified in any consent order. The certificate holder, counselor in training or prevention specialist in training shall be obligated to provide the board with documentation of successful completion of the treatment plan upon request. Failure to abide by these requirements and/or specifications shall result in a formal hearing for revocation of certification or training status.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:636 (May 1993), LR 28:1965 (September 2002).

Chapter 15. Code of Ethics

§1501. Professional Representation

A. A counselor or specialist shall not misrepresent any professional qualifications or associations.

B. A counselor or specialist shall not misrepresent any agency or organization by presenting it as having attributes which it does not possess.

C. A counselor or specialist shall not make claims about the efficacy of any service that go beyond those which the counselor or specialist would be willing to subject to professional scrutiny through publishing the results and claims in a professional journal.

D. A counselor or specialist shall not encourage or, within the counselor's or specialist's power, allow a client to hold exaggerated ideas about the efficacy of services provided by the counselor or specialist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1079 (December 1989), amended LR 19:637 (May 1993), LR 28:1966 (September 2002).

§1503. Relationships with Clients

A. A counselor or specialist shall make known to a prospective client the important aspects of the professional relationship including fees and arrangements for payment which might affect the client's decision to enter into the relationship.

B. A counselor shall inform the client of the purposes, goals, techniques, rules of procedure, and limitations that may affect the relationship at or before the time that the professional services are rendered.

C. A counselor shall provide counseling services only in the context of a professional relationship and not by means of newspaper or magazine articles, radio or television programs, mail or means of a similar nature.

D. No commission or rebate or any other form of remuneration shall be given or received by a counselor or specialist for the referral of clients for professional services.

E. A counselor or specialist shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.

F. A counselor or specialist shall not, under normal circumstances, be involved in the counseling of or providing of prevention services to family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

G. A counselor shall not, under normal circumstances, offer professional services to a person concurrently receiving counseling or prevention assistance from another professional except with knowledge of the other professional.

H. A counselor or specialist shall take reasonable personal action to inform responsible authorities and appropriate individuals in cases where a client's condition indicates a clear and imminent danger to the client or others.

I. In group counseling or prevention settings, the counselor or specialist shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.

J. A counselor or specialist shall not engage in activities that seek to meet the counselor's or specialist's personal needs at the expense of a client.

K. A counselor or specialist shall not engage in sexual intimacies with any client.

L. A counselor or specialist shall terminate a professional relationship when it is reasonably clear that the client is not benefitting from it.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1079 (December 1989), amended LR 19:637 (May 1993), LR 28:1966 (September 2002).

§1505. Relationships with the Board

A. Irrespective of any training other than training in counseling or prevention which a person may have completed, or any other certification which a person may possess, or any other professional title or label which a person may claim, any person certified as a substance abuse counselor, compulsive gambling counselor or prevention specialist is bound by the provisions of the Substance Abuse Counselor Certification Act and the rules and regulations of the Board in rendering counseling or prevention services.

B. A counselor, specialist, counselor in training or prevention specialist in training shall have the responsibility of reporting alleged misrepresentations or violations of board rules to the board.

C. A counselor, specialist, counselor in training or prevention specialist in training shall keep his board file updated by notifying the board of changes of address, telephone number and employment.

D. The board may ask any applicant or candidate for certification or re-certification as a counselor, specialist, or specialty designation whose file contains negative references of substance abuse to come before the board for an interview before the certification or specialty designation process may proceed.

E. The board shall consider the failure of a counselor or specialist to respond to a request for information or other correspondence as unprofessional conduct and grounds for instituting disciplinary proceedings.

F. A counselor or specialist must participate in continuing professional education programs as required and set forth in these rules.

G. Repeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1080 (December 1989), amended LR 19:637 (May 1993), LR 25:1244 (July 1999), LR 28:1966 (September 2002).

§1507. Advertising and Announcements

A. Information used by a counselor or specialist in any advertisement or announcement of services shall not contain information which is false, inaccurate, misleading, partial, out of context, or deceptive.

B. The board imposes no restrictions on advertising by a counselor or specialist with regard to the use of any medium,

the counselor's or specialist's personal appearance or the use of his personal voice, the size or duration of an advertisement, or the use of a trade name.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1080 (December 1989), amended LR 19:637 (May 1993), LR 28:1966 (September 2002).

§1509. Affirmation

A. Every BCSAC, BCCGC and BCPS must agree to affirm:

1. that his primary goal as a BCSAC or BCCGC is recovery for client and family of substance or gambling abuse; and his primary goal as a BCPS is for prevention of substance abuse;

2. - 8. ...

9. that I shall respect the rights and views of other counselors, specialists and professionals;

10. - 12. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1080 (December 1989), amended LR 19:638 (May 1993), LR 25:1245 (July 1999), LR 28:1967 (September 2002).

§1511. Confidentiality

A. No substance abuse counselor, gambling counselor, prevention specialist, counselor in training or prevention specialist in training may disclose any information he may have acquired from persons consulting him in his professional capacity that was necessary to enable him to render services to those persons except:

1. ...

2. when the person is a minor under the age of 18 and the information acquired by the substance abuse counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training indicates that the child was the victim or subject of a crime, then the substance abuse counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training may be required to testify fully in relation thereto upon any examination, trial, or other proceeding in which the commission of such crime is a subject of inquiry; or

3. ...

4. when the person waives the privilege by bringing charges before the board against the substance abuse counselor, compulsive gambling counselor, prevention specialist, counselor in training or prevention specialist in training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1079 (December 1989), amended LR 19:638 (May 1993), LR 25:1245 (July 1999), LR 28:1967 (September 2002).

Chapter 17. Registration and Board Approved Programs

§1701. Counselor in Training or Prevention Specialist in Training

A. A person who is in the process of obtaining the education, training, and experience required to meet the requirement for certification may register with the board as a counselor in training or prevention specialist in training, also known as CIT and PSIT respectively. The person must be 18 years of age and possess a high school diploma or equivalent to be eligible to apply for registration. Upon issuance of the registration as a CIT or PSIT, the person shall actively pursue certification as a counselor or prevention specialist respectively at all times.

B. The designation of counselor in training and prevention specialist in training shall be granted for a period beginning with approval of the request for CIT or PSIT status and extending to the nearest renewal date one year after approval, provided:

1. a personal data form supplying required information on identification, place of employment, training institution, and evidence of a supervision contract with a qualified professional supervisor is completed satisfactorily;

2. the qualified professional supervisor is registered with the board or provides documentation of his qualifications and commitment to provide direct supervision;

3. the training institution is registered with the board or provides a written statement of availability of suitable duties and satisfactory supervision both functionally and professionally;

4. a signed statement is supplied attesting to the registrant's intention to seek certification as a Board Certified Substance Abuse Counselor, Board Certified Compulsive Gambling Counselor, or Board Certified Prevention Specialist. This statement shall also attest to the registrant accepting responsibility for all actions, holding the LSBCSAC harmless, and agreeing to comply with the requirements of the LSBCSAC; and

5. the fee for CIT or PSIT registration is paid.

C. Registration as a counselor in training or prevention specialist in training shall be renewed annually for a maximum of five consecutive years after the initial one year period of registration provided:

1. the renewal form is completed and submitted prior to expiration of the current registration;

2. the person continues to be in an appropriate training environment and under qualified professional supervision;

3. the fee for annual renewal of CIT or PSIT registration is paid; and

4. the renewal form approved by the board referenced in this section shall include:

a. a written progress report by the qualified professional supervisor on education and training completed towards certification;

b. a written evaluation by the qualified professional supervisor on hours performed pursuant to the 12 core functions for a CIT or the six program domains for a PSIT;

c. a written evaluation by the qualified professional supervisor on the performance of the knowledge, skills and attitude functions related to counseling or prevention; and

d. a written training plan by the qualified professional supervisor for the upcoming year of registration.

D. During the period of registration, the CIT shall:

1. provide direct client care utilizing the core functions and the knowledge, skills and attitude (KSAs) of substance abuse counseling only under the direct supervision of facility employed registered counselor supervisor or qualified professional supervisor;

2. not identify nor represent himself as counselor;

3. not perform any duties of a counselor independently, without direct supervision of the facility employed registered counselor supervisor or qualified professional supervisor;

4. not identify himself as a consultant to any substance abuse facility;

5. must notify the board of changes in job, moves, supervisor, recovery status, legal status and/or intention of not pursuing certification as a counselor.

E. As an exception to the requirement of direct supervision, a CIT may perform counseling functions when the registered counselor supervisor or qualified professional supervisor is on duty, or on-call and available for immediate assistance, if needed, and who have documented evidence to the satisfaction of the board of the following:

1. a minimum of 40 hours of training (including orientation, the 12 core functions and the knowledge, skills and attitude (KSAs) of substance abuse counseling); and

2. a minimum of 120 hours of direct supervision by registered counselor supervisor or qualified professional supervisor.

F. Any person who chooses not to register as a counselor in training or prevention specialist in training shall be responsible to provide documentation that the rules and regulations of the board have been complied with at the time of application for certification or at any other time that a question to the contrary may be raised by any person.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:638 (May 1993), amended LR 25:1245 (July 1999), LR 28:1967 (September 2002).

§1703. Registered Counselor Supervisor or Qualified Professional Supervisor

A. - C.2. ...

3. have obtained at least 60 clock hours of education in supervision or management, with one semester credit hour being the equivalent of 15 clock hours.

D. - E.4. ...

F. A registered counselor supervisor shall be authorized to perform the following duties:

1. supervise substance abuse counselors;

2. direct supervision of a counselor in training or prevention specialist in training;

3. - 7. ...

G. A qualified professional supervisor, as defined in §105, who chooses not to register with the board as a registered counselor supervisor shall:

1. provide a statement of credentials and qualifications with each document which is presented to the board and at any time that a question as to supervision is raised;

2. provide direct client care utilizing the 12 core functions and knowledge, skills and attitude (KSAs) of the substance abuse counseling and/or specific functions related to that professional license;

3. serve as a resource person for other professionals counseling substance abuse clients;

4. attend and participate in care conferences, treatment planning activities, and discharge planning related to primary caseload and/or clients of professionals being supervised;

5. provide direct supervision of treatment and any in-training including, but not limited to, activities such as individual/group counseling, or educational presentations;

6. provide oversight and supervision of such activities as recreation, art/music, or vocational education to assure compliance with accepted standards of practice;

7. function as patient advocate in all treatment decisions affecting the client;

8. be designated as the clinical services supervisor unless other qualified professional supervisors are employed and available at the facility and/or actively supervise QPS if the program does not require a full-time supervisor;

9. assure that the facility adheres to rules and regulations regarding all substance abuse treatment including, but not limited to, group size, caseload and referrals; and

10. provide only those services, which are appropriate to his profession.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:638 (May 1993), amended LR 28:1968 (September 2002).

§1705. Approved Training Institution

A. ...

B. Institutions which provide clinical treatment of substance abuse or compulsive gambling or offer substance abuse counseling, compulsive gambling counseling or prevention intervention services, have sufficient qualified clinical staff, and can offer supervised clinical positions as substance abuse counselors, compulsive gambling counselors, counselors in training and/or prevention specialists in training, may register with the board as an approved training institution, also known as ATI, offering clinical experience for persons wishing to apply to become candidates for board certification. An agency, corporation, organization, partnership, organized health care facility, or other autonomous organizational entity shall qualify as an institution for the purposes of this rule.

C. The designation of approved training institution is granted to the nearest renewal date one year after the request for ATI status is approved, provided:

1. a satisfactory application form is submitted;

2. the institution is licensed appropriately to provide substance abuse or compulsive gambling treatment or substance abuse counseling, compulsive gambling counseling, or prevention intervention services;

3. the institution provides a statement signed by an authorized officer of the institution to document the institution's desire to provide clinical training in substance abuse counseling, compulsive gambling counseling, or prevention and acknowledgment of responsibility for such

activities. This statement must contain acknowledgment that the institution is independent of the board, that it will hold the board harmless, and that it will comply with the requirements of the board;

4. the institution provides statements documenting the appropriateness of their clinical treatment setting, the qualifications of its staff to provide daily clinical supervision and frequent direct supervision of trainees, and the planned duties and training program in which the trainees will be engaged. This statement must document that training, experience, and supervision in all 12 core functions or six performance domains will be provided;

5. - 6. ...

7. the institution agrees to an annual audit review of its clinical training programs for Substance Abuse Counselors, Compulsive Gambling Counselors, Counselors in Training and Prevention Specialists in Training and continuous quality improvement program by a registered counselor supervisor, and audit or review of its records at any time requested by the board;

8. ...

D. Registration as an approved training institution shall be renewed annually, provided:

1. a satisfactory renewal form is received prior to the expiration date of the current registration;

2. the annual audit report of the institution's clinical training programs for Substance Abuse Counselors, Compulsive Gambling Counselors, Counselors in Training and Prevention Specialists in Training and continuous quality improvement program signed by a registered counselor supervisor is filed;

3. - 4. ...

E. An approved training institution shall be authorized to:

1. announce to the public and advertise the availability of its clinical training program;

2. employ counselors in training and prevention specialists in training; and

3. ...

F. Persons submitting application for certification which list experience from institutions which are not registered as an ATI must document that the institution where the experience was obtained meets standards equivalent to those of this board. Equivalence may be demonstrated by:

1. the institution is approved as a clinical training institution for Substance Abuse Counselors, Compulsive Gambling Counselors, Counselors in Training and/or Prevention Specialists in Training by the certifying authority in the state where the institution is located;

2. the institution is approved as a clinical training institution for Substance Abuse Counselors, Compulsive Gambling Counselors, Counselors in Training and/or Prevention Specialists in Training by a certifying authority with which the board has a current agreement of reciprocity;

3. - 3.c. ...

d. that training, experience, and supervision in all 12 core functions or six performance domains was provided.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:639 (May, 1993); amended LR 28:1968 (September 2002).

§1707. Approved Educational Provider

A. ...

B. Organizations who desire to provide continuing professional education in substance abuse counseling, compulsive gambling counseling, and prevention may register with the board as an approved educational provider, also known as AEP. Each educational offering is a form of learning experience and shall be known as a course for the purposes of this rule whether it was offered for academic credit, as a workshop, seminar, conference, or in any other acceptable format. In-service training conducted by and for an individual's own agency is not an acceptable educational offering format. An individual, partnership, corporation, association, organized health care system, educational institution, governmental agency, or any other autonomous entity shall qualify as an organization for the purposes of this rule.

C. - C.2. ...

3. the organization provides a statement, signed by an authorized officer of the organization, to document the organization's desire to provide continuing professional education in substance abuse counseling, compulsive gambling counseling and prevention and acknowledgment of responsibility for such activities. This statement must contain acknowledgment that the organization is independent of the board, that it will hold the board harmless, and that it will comply with the requirements of the board;

4. - 4.e. ...

5. the organization agrees to file a course report with the board within 30 days of completion for each course which shall contain:

a. - d. ...

e. a copy of the flier or brochure used to advertise the course to the public.

6. ...

a. the course description containing the educational objectives; course outline; instructional modalities; and relevance of the material, including relationship to the 12 core functions or six performance domains, theoretical content related to scientific knowledge of practicing in the field of substance abuse counseling, compulsive gambling counseling, or prevention; application of scientific knowledge in the field of substance abuse counseling, compulsive gambling counseling or prevention direct and/or indirect patient/client care, and which renewal education area or areas are addressed;

6.b. - 7. ...

8. the organization agrees to notify the board and each person who completed a course in a timely fashion if it is determined that a course did not comply with the standards of the board for substance abuse counselor, compulsive gambling counselor or prevention education. The organization shall also present its written policy on refunds and cancellation;

C.9 - F.1. ...

2. the organization documents the course description including the educational objectives, course outline, instructional modalities, relationship of the material to the 12 core functions or six performance domains, and which renewal education area or areas are addressed;

F.3 - G.2 ...

H. A trainee, counselor, or specialist who wishes educational credit from a source which has not been approved by this board shall document that the provider of such education meets standards which are equivalent to those of this Board. Equivalence may be demonstrated by:

1. the provider holding approval as a substance abuse, compulsive gambling or prevention education provider from the certifying authority in the state where the course was offered;

2. the provider holding approval as a substance abuse, compulsive gambling or prevention education provider from a certifying authority with which the board has a current agreement of reciprocity;

3. providing documentation of:

- a. the course description including the educational objectives, course outline, instructional modalities, relationship of the material to the 12 core functions or six performance domains, and which renewal education area or areas are addressed;

- b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:640, (May 1993), amended LR 28:1969 (September 2002).

§1709. Approved Institution of Higher Education

A. ...

B. Institutions which grant formal college credit for courses in substance abuse counseling, compulsive gambling counseling or prevention, have sufficient qualified faculty, and can offer supervised clinical practicum or internship may register with the board as an approved institution of higher education, also known as AIHE.

C. - C.2. ...

3. the institution provides a statement, signed by an authorized officer of the institution, to document the institution's desire to provide substance abuse counseling, compulsive gambling counseling or prevention education and acknowledgment of responsibility for such activities. This statement must contain acknowledgment that the institution is independent of the board, that it will hold the board harmless, and that it will comply with the requirements of the board;

4. the institution provides a statement documenting the appropriateness of their curriculum, the qualifications of the faculty to teach such courses, and the policy on practicum and internship courses. This statement must document that education, training, experience, and supervision when appropriate in all 12 core functions or six performance domains will be provided;

5. ...

6. the institution agrees to provide for ongoing consultation from a Registered Counselor Supervisor or submit the credentials and qualifications of the qualified professional supervisor who will provide ongoing consultation relative to the quality and content of its substance abuse counseling, compulsive gambling counseling or prevention curriculum;

7. the institution agrees to an annual audit review of its substance abuse counseling, compulsive gambling, or prevention curriculum and continuous quality improvement program by a registered counselor supervisor, and an audit or review of its records at any time by the board.

C.8 - D.1. ...

2. the annual audit report of the institution's substance abuse counseling, compulsive gambling counseling, and prevention curriculum and continuous quality improvement program, signed by a registered counselor supervisor, is filed with the board;

3. - 4. ...

E. An approved institution of higher education shall be authorized to:

1. announce to the public and advertise the availability of its substance abuse counseling, compulsive gambling counseling or prevention curriculum;

2. offer practicum or internship courses in substance abuse counseling, compulsive gambling counseling or prevention for credit;

3. ...

F. Persons submitting application for certification which list education from institutions which are not registered as an AIHE shall document that the educational institution where the education was obtained meets standards equivalent to those of this board. Equivalence may be demonstrated by:

1. the institution holding approval as a higher education provider of substance abuse counseling, compulsive gambling counseling or prevention education from the certifying authority in the state where the institution is located;

2. the institution holding approval as a higher education provider of substance abuse counseling, compulsive gambling counseling, or prevention education from a certifying authority with which the board has a current agreement of reciprocity;

3. - 3.d. ...

- e. that education, training, experience, and supervision when appropriate in all 12 core functions or six performance domains was provided.

G. Persons submitting application for certification which claim more than 18 semester hour equivalents must provide documentation demonstrating that a minimum of 12 semester hours of credit were not reasonably available from an AIHE. The board in its discretion may grant additional semester hour equivalents for cases of documented hardship at the rate of 15 clock hours of AEP education per one semester hour of AIHE credit provided a written request for waiver is submitted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 19:641, (May 1993), amended LR 28:1970 (September 2002).

Chapter 19. Miscellaneous

§1901. Injunction

A. The board may bring an action to enjoin any person from practicing as a certificate holder, or counselor or

prevention specialist in training, without current authority from the board.

B. The board may cause an injunction to be issued in any court of competent jurisdiction enjoining any person from violating the provision of these rules and regulations.

C. If the court finds that the person is violating, or is threatening to violate, this Chapter it shall enter an injunction restraining him from such unlawful acts.

D. In a suit for an injunction, the board through its chairman, may demand of the defendant a penalty of not less than \$100 nor more than \$1,000, and attorney's fees besides the costs of court. The judgment for penalty, attorney's fees, and costs may be rendered in the same judgment in which the injunction is made absolute.

E. The successful maintenance of an action based on any one of the remedies set forth in this Rule shall in no way prejudice the prosecution of an action based on any other of the remedies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1078 (December 1989), amended LR 19:642 (May 1993), LR 28:1970 (September 2002).

§1903. Persons and Practices Not Affected

A. ...

B. Nothing in these rules and regulations shall be construed as prohibiting other licensed professionals, including members of the clergy and Christian Science practitioners, from the delivery of medical, psychotherapeutic, counseling, social work, psychological, or educational services to substance abusers, compulsive gamblers and their families.

C. Nothing in these rules and regulations shall be construed as prohibiting the activities of any person who is registered as a counselor in training or prevention specialist in training by the board and who is employed or supervised by a qualified professional supervisor, while carrying out specific tasks under professional supervision. The supervisee shall not represent himself to the public as a substance abuse counselor, compulsive gambling counselor, or prevention specialist.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse Counselors, LR 15:1079 (December, 1989); amended LR 19:642, (May, 1993); LR 28:1971 (September 2002).

§1905. Prohibited Activities

A. No person shall hold himself out as a substance abuse counselor, compulsive gambling counselor, or prevention specialist unless he has been certified as such under the provisions of the Substance Abuse Counselor Certification Act and the board's rules.

B. No person shall hold himself out as a counselor in training or prevention specialist in training unless he has been registered as such under the provisions of the Substance Abuse Counselor Certification Act and the board's rules.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3374(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Certification for Substance Abuse

Counselors, LR 15:1079 (December 1989), amended LR 19:642 (May 1993), LR 28:1971 (September 2002).

Ellen R. Calvert
Chairman

0209#035

RULE

Department of Health and Hospitals Board of Examiners for Speech-Language Pathology and Audiology

Speech-Language Pathology and Audiology
(LAC 46:LXXXV.109, 113, 115,
117, 119, 123, 125, and 507)

The Louisiana Board of Examiners for Speech-Language Pathology and Audiology has amended the following Rules as authorized by R.S. 37:2656(1)(c) to clarify the Rules amended on February 20, 2001, and to correct codification errors that occurred in the course of promulgation.

The following amendments address codification errors in the Sections of the Board's Rules, Regulations, and Procedures that pertain to: Requirement to Upgrade Licenses, License Renewals, Continuing Education Requirements, Application Procedures, Supervision Requirements for Restricted License, Provisional Speech-Language Pathology License and Provisional Audiology License, Hearing Aid Dispensing, Disciplinary Action, and General Procedural Rules for Disciplinary Hearings.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXXV. Speech Pathology and Audiology

Chapter 1. General Rules

§109. Requirements to Upgrade License

A. The Provisional Speech-Language Pathology or Provisional Audiology licensee who has not passed the examination at the time of initial licensure shall submit the following to upgrade his/her license status:

1. an official copy of a passing score on the Educational Testing Service area examination;
2. verification of nine months of full-time postgraduate professional employment/experience or its part-time equivalent in the field the license is held;
3. proof of supervision through date of upgrade (Form 100);
4. upgrade fee of \$25.

B. The Provisional Speech-Language Pathology or Provisional Audiology licensee who has not completed the nine months of postgraduate professional employment/experience at the time of initial licensure shall submit the following to upgrade his/her license status:

1. verification of nine months of full-time postgraduate professional employment/experience or its part-time equivalent in the field the license is held;
2. proof of supervision through date of upgrade (Form 100);
3. upgrade fee of \$25.

C. The Provisional Speech-Language Pathology Assistant shall submit the following to upgrade his/her license status:

1. proof of 225 supervised clinical practicum hours shall be on file in the board's office;

2. upgrade fee of \$25.

D. The Restricted Speech-Language Pathology or Restricted Audiology licensee who holds a master's degree or its equivalent in Speech-Language Pathology or Audiology shall submit the following documents to upgrade their license:

1. an official copy of a passing score on the Educational Testing Service area examination;

2. verification of nine months of post-graduate professional employment/experience or its part-time equivalent in the field in which the license is held;

3. proof of supervision through date of upgrade (Form 100);

4. upgrade fee of \$25.

E. Restricted Speech-Language Pathology licensees who hold a bachelor's degree who wish to change their status to a Provisional Speech-Language Pathology License shall submit an application for license and meet the requirements of R.S. 37:2659.B.

F. Speech-Language Pathology Assistant licensees who wish to change their status to a Provisional Speech-Language Pathology License shall submit an application for license and meet the requirements of R.S. 37:2759.B.

G. Postgraduate professional employment/experience which counts toward upgrading the license status will only be accepted from the date that the licensee's application was acknowledged to have been received by the board.

H. Audiologists who hold an audiology license but are completing the coursework or practicum requirements for registration as a dispenser shall follow the supervision requirements as specified in §123, and shall submit the board's Form 100 at the time of renewal. The board's Form 100 and the upgrade fee shall be submitted to upgrade license status.

I. It is the responsibility of the licensee to submit the documents and make a written request for upgrade of his/her license status. Licensees shall complete all supervision requirements consistent with the license held and immediately thereafter submit appropriate supervision forms to the board office along with a written request for license upgrade and the upgrade fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 22:329 (May 1996), amended LR 27:197 (February 2001), LR 28:1971 (September 2002).

§113. License Renewals

A. All licenses shall be renewed annually by June 30, to avoid delinquent renewal fees.

B. Initial licenses issued during the last quarter of the fiscal year, i.e., April, May, and June, will not be required to be renewed during that fiscal year. No continuing education hours will be required of the licensee for that period.

C. Licensees shall list on their renewal form the licensees and aides that they are supervising, i.e., provisional speech-language pathologists, provisional audiologists, restricted speech-language pathologists, restricted audiologists, speech-language pathology assistants, or provisional speech-language pathology assistants.

D. It is the licensee's continuing obligation to keep the board informed of his/her current mailing address.

E. Licensees shall participate in continuing professional education activities of at least 10 clock hours for each license period, July 1 through June 30, in accordance with §115.

F. Retired status is granted to speech-language pathologists and audiologists who are retired and do not practice speech-language pathology or audiology during the fiscal year, July 1 through June 30.

1. These licensees shall complete the affidavit on the continuing education report and submit it at the time of licensure renewal.

2. Retired licensees may retain their license by payment of the annual renewal fee. In order to resume the practice of speech-language pathology or audiology, retired licensees shall demonstrate completion of five clock hours of continuing education in the area of licensure for each year that retired status was maintained.

3. The licensee may submit the required five hours of continuing education each year he/she is retired or submit all of the hours the year he/she returns to work in the profession.

G. Licensees who hold a license requiring supervision and who are not working in the field of speech-language pathology and/or audiology shall submit a notarized statement at the time of license renewal attesting to the fact that they did not work in the profession during the license period.

H. Delinquent Renewal

1. Delinquent requests for renewals will be accepted by the board through October 31, provided the Delinquent Renewal Fee is paid in accordance with §111.C and D, and the continuing education summary form is submitted.

2. A licensee whose license lapsed on November 1, and applies to reinstate prior to the following June 30, is required to submit a completed application, proof of continuing education, initial license fee and delinquent renewal fee in accordance with §111.A and D, and §115.

3. A licensee whose license lapsed on November 1, and applies for reinstatement after June 30, of the following year, is subject to the initial license fee and the requirements of §113.I.3.

I. Conditional renewal

1. Licensees who previously held a full, valid license which was obtained under the grandfather clause of Act 260 of the 1978 Regular Session of the Louisiana Legislature, whether delinquent or lapsed, for a period not to exceed five years, shall be eligible for licensure renewal or reinstatement upon meeting the continuing education requirement and submitting the appropriate renewal fee in accordance with §111. If the license has lapsed for a period of more than five years, applicants shall reapply in accordance with the requirements enumerated in R.S. 37:2651 et seq., as amended by Act 892 of the 1995 Regular Session of the Louisiana Legislature.

2. Licensees who previously held a restricted license which was obtained under Act 260 of the 1978 Regular Session of the Louisiana Legislature, whether delinquent or lapsed, shall be eligible for licensure renewal or reinstatement, upon meeting the continuing education

requirement and submitting the appropriate renewal fee as required in accordance with §111 and §115.

3. Licensees who allow their license to lapse (November 1) shall submit documentation of completion of 5 clock hours of continuing education in the area of licensure for each year that the license has lapsed in addition to meeting the license requirements enumerated in R.S. 37:2650 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 14:707 (October 1988), amended LR 22:351 (May 1996), LR 27:198 (February 2001), LR 28:1972 (September 2002).

§115. Continuing Education Requirements

A. Each licensee shall complete continuing professional education activities of at least 10 clock hours each license period, July 1 through June 30.

B. Of the 10 hours, five shall be in the area of licensure, and five may be in areas related to the professions of audiology and speech-language pathology.

C. Audiologists who register as dispensing audiologists shall insure that at least three of the total 10 hours are in areas directly related to hearing aid dispensing, such as business/practice management, marketing, aural habilitation/rehabilitation, diagnostic assessment, characteristics of hearing aids and their application, etc.

D. Dual licensees shall complete 15 hours per year with a minimum of five hours in speech-language pathology and five hours in audiology; the remaining five may be in areas related to the professions of audiology and speech-language pathology.

E. Continuing Education events occurring in the month of June, will be accepted for the collection period in which they occur or they may be counted in the following collection period which begins on July 1. Hours from one event may not be divided between two collection periods.

F. In the case of extenuating circumstances, when the licensee does not fulfill the continuing education requirements, the licensee shall submit a written request for extension to the board for consideration.

G. Continuing Education hours accrued during the applicant's grace period will be accepted.

H. The graduated scale for the collection of Continuing Education hours is based on the date an applicant receives his/her initial license.

| License Received | Hours Required |
|-----------------------------|----------------|
| April, May, June | 0 |
| January, February, March | 3 |
| October, November, December | 6 |
| July, August, September | 10 |

I. Acceptable Continuing Education Sponsors and Activities

1. board-sponsored activities (maximum of 10 hours);
2. workshops in the area of communication disorders sponsored by individual professional practitioners and/or professional organizations such as American Audiological Association, American Speech-Language-Hearing Association, Louisiana Speech-Language-Hearing Association, Speech Pathologists and Audiologists in

Louisiana Schools, Louisiana Society for Hearing Aid Specialists, etc. (maximum of 10 hours);

3. meetings of related professional organizations (maximum of five hours);

4. college courses in the area of licensure taken for credit or official audit (three semester hours or six quarter hours = 10 hours of continuing education);

5. distance learning (video conferences, telephone seminars and Internet courses sponsored by universities, schools, clinics, state agencies, hospitals, or related professional organizations) (maximum of five hours);

6. workshops and in-services that are university, school, clinic, hospital or state agency sponsored (maximum of five hours in a related area, maximum of 10 hours if in the area of licensure);

7. publication of articles in a refereed journal for the year in which they are published (five hours);

8. scientific or educational lectures to include presentations such as poster sessions given by the licensee (maximum of five hours);

9. the presenting licensee may count 1 1/2 times the value of a workshop the first time it is presented to allow for preparation time (Example: a three hour workshop = 4 1/2 hours.) The workshop will count for the actual hour value for each subsequent presentation of the same workshop;

10. teaching at the college level in the area of communication disorders is not acceptable.

J. Pre-Approval Policy

1. Pre-approval is required for continuing education events that do not meet the requirements as listed under §115.I.1-10, and pre-approval of continuing education events is required in those situations where it is unclear whether or not the topic is relevant to the profession or will further a professional's expertise in a particular area.

2. The licensee shall request pre-approval (minimum of 60 days in advance) of self-study activities, or other appropriate activities.

3. Licensees who elect to attend university classes/courses in speech-language pathology and/or audiology without payment of the university fee shall submit a self-study plan for pre-approval from the Louisiana Board of Examiners for Speech-Language Pathology and Audiology to receive continuing education credits.

4. Self-study activities in the area of communication disorders:

a. audio or video tapes (maximum of five hours);

b. reading of journal articles that contain self-examination questions at the end. Articles shall be submitted for pre-approval (maximum of five hours).

5. Publication of diagnostic and/or therapeutic materials (maximum of five hours).

K. Recording of Continuing Education Activities

1. Licensees shall record all continuing education activities on a tracking sheet provided by the board. The tracking sheet will be included with renewal notices and will cover the period of July 1 through June 30.

2. The board may request, through random audit, verification of clock hours submitted, including information regarding content and attendance. Approximately 10 percent will be audited each year as a means of evaluating compliance with the continuing education requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 22:351 (May 1996), amended LR 27:199 (February 2001), LR 28:1973 (September 2002).

§117. Application Procedures

A. An application for a license to practice speech-language pathology and/or audiology in Louisiana shall be made on forms supplied by the board.

B. Official transcripts shall be sent to this board directly from the college or university from which the academic requirements were earned.

C. Documentation of supervised clinical practicum hours shall be submitted on university forms and signed by a clinical supervisor or director.

D. The initial license fee submitted to this board shall be paid by certified check, cashier's check or money order. Only renewal fees may be paid by personal check.

E. Speech-language pathologists, assistants and/or audiologists who have held a license in another state, shall provide official verification of their licensure status in each state.

F. Documentation of nine months of postgraduate professional employment/experience shall be submitted directly to the board in writing on official agency letterhead.

G. Documentation of nine months of postgraduate professional employment/experience, a passing score on NTE, and verification of supervised clinical practicum hours may be waived for individuals who submit verification that they hold the Certificate of Clinical Competence from the American Speech-Hearing-Language Association.

H. Postgraduate professional employment/experience which counts toward upgrading the license status, will only be accepted from the date that a licensee's application is acknowledged to have been received by the board.

I. While an application for a license is being considered by the board, the applicant may be employed as a speech-language pathologist, audiologist or speech-language pathology assistant for a period not longer than 60 days from the date that their application is acknowledged to have been received by the board. In no event may the applicant be employed as a speech-language pathologist, audiologist or speech-language pathology assistant after the application has been denied.

J. An applicant may be granted only one 60-day period to work while his/her initial application is being processed. No additional grace period may be granted to an applicant.

K. When there is probable cause to believe that an applicant practiced illegally in Louisiana as a speech-language pathologist, speech-language pathology assistant and/or audiologist, the board may offer a consent agreement and order which will grant the individual a license, subject to the following specified terms and conditions.

1. Within 90 days of the date of the consent agreement and order, the applicant shall take and pass an open book examination regarding R.S. 37:2650-2666, the board's Rules, Regulations and Procedures, and Ethical Questions or within 10 months of the date of the consent agreement and order, the applicant shall complete not fewer than five hours of continuing education in the area of ethics.

a. Open book test fee shall be \$30. The retest fee shall be \$10 per section.

b. Applicants have 4 1/2 hours to complete all sections of the test.

c. The open book examination or any section may be re-taken anytime within the 90 days.

d. The applicant may be required to appear before the board following completion of the continuing education in ethics to answer questions regarding the continuing education.

e. The consent order and agreement shall be published in the LBESPA newsletter.

f. If the applicant fails to successfully complete all requirements set forth in the above paragraphs within 90 days, the applicant's license shall be suspended without further notice until the board receives and accepts documentation of the applicant's completion of the consent order and agreement requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 22:352 (May 1996), amended LR 27:199 (February 2001), LR 28:1974 (September 2002).

§119. Supervision Requirements for Restricted License, Provisional Speech-Language Pathology License and Provisional Audiology License

A. Restricted Licensees, Provisional Speech-Language Pathology Licensees and Provisional Audiology Licensees are required to undergo direct supervision by a licensed speech-language pathologist or audiologist, licensed in the area in accordance with R.S. 37:2659.A. An individual may not be supervised by a provisional licensee, restricted licensee, or assistant licensee.

B. Speech-Language Pathologists or Audiologists may share the supervision responsibility for Provisional or Restricted licensees, but each supervising speech-language pathologist or audiologist shall complete and submit the necessary supervision forms.

C. The direct supervision of the licensee, whether employed full-time or part-time, shall include 12 monitoring activities annually.

1. At least four shall be on-site, in-view observations divided between the areas of diagnostics and management. Alternative methods may include conferences, audio and videotape recordings, review of written records, staffings and discussions with other persons who have participated in the licensee's training.

2. For twelve-month employees, one on-site, in-view observation shall be conducted each quarter.

3. For nine-month employees, two on-site, in-view observations shall occur in each semester.

D. Documentation of supervision shall be submitted annually at the time of license renewal on Form 100 provided by the board.

E. Licensees shall complete all supervision requirements consistent with the license held and immediately thereafter submit appropriate supervision forms to the board office along with a written request for license upgrade and the upgrade fee.

F. Licensees who are not working in the field of speech-language pathology and/or audiology and who hold a license requiring supervision, shall submit a notarized statement at

the time of license renewal attesting to the fact that they did not work in the profession during the license period.

G All costs of supervision shall be borne by the licensee or his/her employer, but in no event will those costs be borne by the board.

H. When supervision requirements have not been met in accordance with §119.C.1 and 2., licensees shall complete additional months of supervision to replace months of incomplete supervision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 14:707 (October 1988), amended LR 22:352 (May 1996), LR 27:199 (February 2001), LR 28:1974 (September 2002).

§123. Hearing Aid Dispensing

A. Audiologists who dispense hearing aids shall meet the coursework and practicum requirements for dispensing as specified in R.S. 37:2650, et seq., and shall register their intent to do so at the time of each license renewal.

1. Dispensing audiologists shall pay an initial registration fee of \$25 and an annual renewal fee of \$10 in addition to the fees charged for licensure renewal.

2. Dispensing audiologists shall affix an annual registration seal to the displayed audiology license.

B. Audiologists who hold a Provisional Audiology License shall be supervised by a licensed, registered dispensing audiologist while completing the postgraduate professional employment/experience requirements for full licensure.

C. Audiologists who hold an audiology license but are completing the coursework or practicum requirements for registration as a dispenser shall follow the supervision requirements as specified in §119 and shall submit the board's Form 100 at the time of renewal. The board's Form 100 shall be submitted to upgrade the license status.

D. Audiologists who dispense hearing aids shall maintain annual calibration records on audiometric equipment.

E. Audiologists who dispense hearing aids shall meet the minimum continuing education requirements for license renewal with at least three of the required 10 hours in areas specifically related to hearing aids and/or the dispensing of hearing aids.

F. Audiologists who dispense hearing aids shall comply with the following guidelines.

1. Audiologists shall conduct a pre-purchase evaluation that includes:

- a. a case history;
- b. an otoscopic examination;
- c. a basic audiological test battery, including:
 - i. pure tone air and bone conduction testing;
 - ii. speech reception threshold;
 - iii. word recognition testing;
 - iv. appropriate tolerance testing;
 - v. middle ear measurements when indicated.

2. Audiologists shall provide the consumer with a minimum 30-day trial period on all new hearing aids purchased.

3. Audiologists shall inform the consumer of the total cost of the hearing aid, including any fees for returning the aid at the end of the trial period.

4. Audiologists shall conduct a post-fitting evaluation that includes functional gain measurements and/or real ear measurements unless the patient's physical conditions prohibit accomplishment of these procedures.

5. Audiologists who engage in the fitting or selling of hearing aids shall deliver to each person supplied with a hearing aid, a bill of sale which shall contain the dispenser's signature, address and license number, together with a description of the make, model and serial number of the hearing aid and the amount charged. The bill of sale shall also indicate whether the hearing aid is new, used, or reconditioned.

G Audiologists who meet the qualifications for licensure as an audiologist and who were exempt under R.S. 37:2464.A as part of their employment with a state health agency may register as dispensing audiologists by presenting proof of employment and dispensing experience in that job setting.

H. Audiologists who meet the qualifications for licensure as an audiologist but lack the coursework and practicum requirements necessary for registration as a dispenser may fulfill the requirements by completing nine months of postgraduate professional employment/experience under the supervision of a licensed dispensing audiologist, and by proof of the successful completion of a study course by the National Institute for Hearing Instruments Studies, or its equivalent. Equivalency for National Institute for Hearing Instruments Studies is defined as:

1. an individualized program of study that may include:

- a. hearing aid fitting courses sponsored by hearing aid manufacturers;
- b. university programs; or
- c. programs of independent study;

2. any individualized program of study shall be submitted to the board a minimum of 60 days in advance for pre-approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 22:353 (May 1996), amended LR 27:201 (February 2001), LR 28:1975 (September 2002).

§125. Disciplinary Actions

A. This board may refuse to issue, may suspend or revoke a license for the practice of speech-language pathology or audiology or otherwise discipline an applicant or licensee, upon finding that the applicant or licensee has violated any provisions of R.S. 37:2650, et seq., or any of the rules or regulations promulgated by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 14:707 (October 1988), LR 22:354 (May 1996), LR 28:1975 (September 2002).

Chapter 5. Procedural Rules

§507. General Procedural Rules For Hearings

A. The board is empowered to issue subpoenas upon receipt of a written request from the licensee or attorney general at least 15 days in advance of any scheduled hearing. The board shall issue said subpoenas upon receipt of said

written request and receipt of any and all fees for subpoenas as provided for in §111.R promulgated by the board.

B. The board may petition a court of competent jurisdiction for a contempt rule to show cause when there is a failure to comply with a subpoena.

C. The board shall elect from its membership a person to act as presiding officer of the hearing. The presiding officer shall have the power to: regulate the discovery process; hold pre-hearing conferences for the simplification or settlement of issues; convene the hearing; place witnesses under oath; take action necessary to maintain order; rule on motions and procedural questions arising prior to, during or after the hearing; rule on objections and admissibility of evidence; call recesses or adjourn the hearing; and prescribe and enforce general rules of conduct and decorum. The other board members may not delegate their decision making and fact finding duties to the presiding officer, nor shall the presiding officer have any greater weight in the decision making process than any other board member. The board's findings of fact and conclusions of law shall be signed by a majority of the hearing panel finding those facts and conclusions of law. Any member of the hearing panel disagreeing with those findings and conclusions may also file a dissent in the record with her/his decisions therefore.

D. Any board member having reason to believe that s/he is biased against one of the parties in the proceeding, or has a personal interest in the outcome of the proceeding, shall immediately notify the other board members and request to be disqualified. Any party to a hearing may file with the board an affidavit requesting a disqualification of a board member from the formal hearing because of the board member's bias or personal interest. As soon as possible, but no later than the beginning of the hearing, the majority of the board shall pass upon any request for disqualification. The concerned board member shall not participate in the deliberation of the board on the issue of disqualification, and shall not vote on the issue. If the board determines that there is no merit to the request for disqualification, the board shall proceed with the hearing. Any doubt concerning the fitness of a board member shall be resolved in favor of disqualification. In the event disqualification occurs, the board shall immediately request the governor to appoint a board member pro tem to replace the disqualified member for the hearing in progress only.

E. The parties to the hearing are urged, but not required, to confer prior to the hearing, through their respective counsel, or personally, to attempt to reduce or simplify the issues to be heard. The board shall honor any stipulations arrived at between the parties as proven facts at the hearing. The purpose at the pre-hearing conference is to insure that the hearing is not unusually delayed by receiving testimony or other evidence on matters which are not seriously in dispute between the parties.

F. The procedures to be followed in conducting the hearing governing the order of the proceedings are contained in Chapter 12 of the *Disciplinary Action Manual For Occupational Licensing Boards* prepared by the Louisiana Department of Justice, 1979, through the office of the attorney general. A copy of the chapter will be provided to any interested party involved with the hearing upon receipt by the board of a written request therefore.

G. Parties may conduct discovery pursuant to the Administrative Procedure Act, R.S. 49:950, et seq. Said discovery shall not unduly delay the hearing before the board.

H. For good cause shown, the board has discretion to extend or continue the time set for the hearing for such reasons as ill health, inability to obtain counsel, the complexities of the case, or such other matters deemed by the board to constitute good cause.

I. Upon request by either the licensee or the attorney general, witnesses shall be sequestered and not allowed in the hearing chambers during the hearing or permitted to discuss their testimony with other witnesses prior to the conclusion of the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2650, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Board of Examiners for Speech-Language Pathology and Audiology, LR 17:374 (April, 1991), amended LR 22:358 (May 1996), LR 27:201 (February 2001), LR 28:1975 (September 2002).

Glenn M. Waguespack, L-AUD
Chairperson

0209#093

RULE

Department of Health and Hospitals Board of Medical Examiners

Supervision of Occupational Therapy Assistants
by Occupational Therapists
(LAC 46:XLV.4903 - 4925)

In accordance with R.S. 49:953 the Louisiana Medical Practice Act, R.S. 37:1261-1292, and particularly R.S. 37:1270.B, as well as the Louisiana Occupational Therapy Practice Act, R.S. 37:3001-3014, the Louisiana State Board of Medical Examiners has amended its administrative rules governing supervision of certified occupational therapy assistants by occupational therapists. The rule amendments are set forth below.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLV. Medical Professions

Chapter 49. Occupational Therapists and Occupational Therapy Assistants

Subchapter A. General Provisions

' 4903. Definitions

A. As used in this chapter, the following terms shall have the meanings specified:

* * *

*Client*Ca person, group, program, organization or community for whom the occupational therapy practitioner is providing service (American Occupational Therapy Association, adopted 1995).

*Client Care Conference*Ca meeting between the supervising occupational therapist and an occupational therapy assistant to discuss client progress or lack thereof, client issues, revision of goals, initiation, modification or termination of an individual program plan, assessment of utilization of additional resources, discharge and any other

information which may affect a client's plan of care. Except when specifically required in this Chapter to be conducted by face to face conference, such meeting may be undertaken by telephone or other means of telecommunication which allows for simultaneous interactive discussion between the supervising occupational therapist and occupational therapy assistant.

Close Client Care SupervisionCface to face observation of an occupational therapy assistant administering occupational therapy to a client, accompanied or followed in a timely fashion by verbal discussion of client goals, the individual program plan and other matters which may affect the client's plan of care.

* * *

Evaluate/EvaluationCthe process of collecting and interpreting data through direct observation, interview, record review, or testing of a client.

* * *

Face to FaceCdirect communication between the occupational therapist supervising client care and an occupational therapy assistant, which is conducted in the physical presence of one another.

* * *

Practice-ExperienceC1600 hours of documented work as an occupational therapy practitioner is equivalent of one year of practice experience.

* * *

Re-Evaluate/Re-EvaluationCthe process of periodically and systematically reviewing and interpreting the effectiveness and efficiency of client goals, the treatment plan, intervention and any other aspect of an individual's occupational therapy program.

* * *

Service CompetencyCwith respect to an occupational therapy assistant, means one who is appropriately trained and qualified to perform occupational therapy in accordance with the current standards of practice, as identified by the American Occupational Therapy Association.

* * *

Supervising Occupational TherapistCan occupational therapist responsible to the client for occupational therapy who observes, directs, consults with and retains responsibility for the service competence and performance of an occupational therapy assistant in the administration of occupational therapy to such client.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270.B(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:767 (November 1986); amended LR 28:1976 (September 2002).

Subchapter B. Standards of Practice

§4915. Individual Program Implementation

A. ...

B. Occupational therapists shall implement the program according to the program plan. Occupational therapy assistants may assist in program implementation under the supervision of and in consultation with a supervising occupational therapist, as prescribed by §4919 and §4925.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270.B(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:767 (November 1986); amended LR 28:1977 (September 2002).

§4919. Quality Assurance

A. - B. ...

C. Following acceptance of responsibility to supervise an occupational therapy assistant, but prior to utilization of such assistant in the implementation of any client program plan or other administration of occupational therapy to a client, the supervising occupational therapist shall initially evaluate and document the occupational therapy assistant's service competency to administer all occupational therapy services which are to be performed under his or her supervision and direction. Following such an initial evaluation the supervising occupational therapist shall thereafter annually conduct and document a service competency evaluation to assess the occupational therapy assistant's performance during the preceding year. Such documentation shall include the date the evaluation was performed, a description of the tasks evaluated, and the name, signature and Louisiana license number of the supervising occupational therapist conducting the evaluation. A supervising occupational therapist shall cause such documentation to be maintained by the occupational therapy assistant and each clinic, facility or home health agency at or for which an occupational therapy assistant practices under his or her supervision. In practice settings where an occupational therapy assistant is supervised by more than one occupational therapist, evaluations performed by one supervising occupational therapist will satisfy the requirements of this Section for all occupational therapists supervising the occupational therapy assistant in the performance of the same services, provided that their name, signature and Louisiana license number appears on the evaluation.

D. A supervising occupational therapist is responsible for and must be capable of demonstrating compliance with the requirements of this Chapter respecting supervision of occupational therapy assistants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270.B(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 12:767 (November 1986); amended LR 28:1977 (September 2002).

§4925. Supervision of Occupational Therapy Assistants

A. The rules of this Section, together with those specified in §4915 and §4919, govern supervision of an occupational therapy assistant by a supervising occupational therapist in any clinical setting.

B. An occupational therapy assistant may assist in implementation of a client program plan in consultation with and under the supervision of an occupational therapist. Such supervision shall not be construed in every case to require the continuous physical presence of the supervising occupational therapist provided, however, that the supervising occupational therapist and the occupational therapy assistant must have the capability to be in contact with each other by telephone or other telecommunication which allows for simultaneous interactive discussion between the supervising occupational therapist and occupational therapy assistant. Supervision shall exist when the occupational therapist responsible for the client gives informed concurrence of the actions of the occupational

therapy assistant and adheres to all requirements set forth in this Chapter.

C. Prior to Implementation of Program Plan. Prior to the administration of occupational therapy by an occupational therapy assistant, the supervising occupational therapist shall, in accordance with AOTA standards of practice as may from time to time be amended:

1. perform an evaluation;
2. identify and establish occupational therapy needs, goals and an individual program plan;
3. ensure that the documents created pursuant to §4925.C.1 and §4925.C.2 are made part of the client's record and accessible to the occupational therapy assistant prior to his or her the first treatment session with the client; and
4. be available for a client care conference.

D. Throughout the Duration of Program Plan. Following implementation and throughout the duration of the program plan:

1. a supervising occupational therapist shall periodically and systematically re-evaluate the appropriateness of all services delivered. Such information shall be documented in the client's record, which shall be made available to the occupational therapy assistant. The supervising occupational therapist preparing such revisions shall communicate any critical aspect or significant change in the program plan to the occupational therapy assistant by means of a client care conference prior to the occupational therapy assistant's next treatment session with the client;

2. at all times during which an occupational therapy assistant assists in program plan implementation, the supervising occupational therapist shall be immediately accessible for a client care conference; and

3. an occupational therapy assistant shall not administer occupational therapy to any client whose physical, cognitive, functional or mental status differs substantially from that identified by the supervising occupational therapist's individual program plan in the absence of re-evaluation by, or an immediate prior client care conference with, the supervising occupational therapist.

E. In addition to the terms and conditions specified in §4919 and §4925.A.-D, the following additional requirements are applicable to an occupational therapy assistant's administration of occupational therapy under the supervision of an occupational therapist.

1. In any clinical setting, other than specified by §4925.E.3:

- a. an occupational therapy assistant with less than one year of practice experience shall receive close client care supervision in each clinical setting for not less than one of every four, or 25+ percent, of those clients to whom he or she has administered occupational therapy during an average weekly case load. In addition, a client care conference shall be held with respect to each client to whom the occupational therapy assistant administers occupational therapy; or

- b. an occupational therapy assistant with more than one but less than two years of practice experience shall receive close client care supervision in each clinical setting for not less than one of every ten, or 10 percent, of those clients seen during an average weekly case load. In addition

a client care conference shall be held with respect to each client to whom the occupational therapy assistant administers occupational therapy; or

- c. an occupational therapy assistant with more than two years of practice experience shall receive a client care conference with respect to each client to whom the occupational therapy assistant administers occupational therapy.

2. School System, Long-Term Psychiatric and Non-Skilled Nursing Home Facility Settings. In addition to the requirements prescribed in §4925.E.1, clients in school system, long-term psychiatric or non-skilled nursing home facility settings shall be re-evaluated or treated by the supervising occupational therapist not less frequently than the earlier of once a month or every sixth treatment session.

3. Home Health Setting. The terms and conditions prescribed by §4925.E.1 shall not be applicable to a home health setting. An occupational therapy assistant may assist in implementation of a client program plan in a home health setting under the supervision of an occupational therapist provided all the following terms, conditions and restrictions of this Chapter, except §4925.E.1, are strictly observed:

- a. an occupational therapy assistant shall have had not less than two years practice experience in providing occupational therapy prior to administering occupational therapy in a home health environment;

- b. each client in a home health setting to whom an occupational therapy assistant administers occupational therapy shall be re-evaluated or treated by the supervising occupational therapist not less frequently than the earlier of once every two weeks or every sixth treatment session; and

- c. a face-to-face client care conference shall occur not less frequently than once every two weeks to discuss all clients to whom the occupational therapy assistant has administered occupational therapy in a home health setting. Such conference shall be documented by the supervising occupational therapist in a supervisory log and maintained by or at the home health entity.

F. Mutual Obligations and Responsibilities. A supervising occupational therapist and occupational therapy assistant shall bear equal reciprocal obligations to insure strict compliance with the obligations, responsibilities and provisions set forth in this Chapter.

G. The administration of occupational therapy other than in accordance with the provisions of this section and §4919 shall be deemed a violation of these rules, subjecting the occupational therapist and/or an occupational therapy assistant to suspension or revocation of licensure pursuant to §4921.A.18.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:3001-3014 and R.S. 37:1270.B.(6).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 19:340 (March 1993), amended LR 28:1977 (September 2002).

John B. Bobear, M.D.
Executive Director

0209#031

RULE

Department of Health and Hospitals Board of Nursing

School Annual Report Fees (LAC 46:XLVII.3505)

Notice is hereby given, in accordance with the provisions of the Administrative Procedures Act, R.S. 49:950 et seq., that the Board of Nursing pursuant to the authority vested in the Board by R.S. 37:918 and R.S. 37:919 has adopted rules amending the Professional and Occupational Standards pertaining to schools' annual report fees. The proposed amendments of the rules are set forth below.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XLVII. Nurses

Subpart 2. Registered Nurses

Chapter 35 Nursing Education Programs

§3505. Approval

A. ...

B. Notwithstanding any other provisions of this Chapter, the Board shall collect in advance fees for education services as follows:

1. - 2. ...

3. School Annual Report Fee \$50.00

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:918.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Nursing, LR 3:185 (April 1977), amended LR 10:1024 (December 1984), repromulgated LR 24:1293 (July 1998), amended LR 26:83 (January 2000), LR 28:1979 (September 2002).

Barbara L. Morvant
Executive Director

0209#091

RULE

Department of Health and Hospitals Board of Physical Therapy Examiners

Licensure; Continuing Education; Practice;
Supervision; Documentation; Substance
Abuse Recovery Program; and Fees
(LAC 46:LIV.Chapters 1, 3, and 5)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, the Board of Physical Therapy Examiners (Board), hereby amends its existing rules as set forth below.

These rule amendments will further assist the board in its ability to certify the education of foreign physical therapy school graduates prior to receiving licensure to practice in Louisiana. These rule amendments will clarify the practice, and supervision of physical therapist assistants and supportive personnel. Slight changes and clarifications are recommended regarding clinical/preventive and administrative in nature. These rule amendments are intended to clarify existing rules concerning the requirements of documentation of treatment plans, referrals for billing, and a substance abuse recovery program.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LIV. Physical Therapy Examiners

Chapter 1. Physical Therapists and Physical Therapists Assistants

Subchapter C. Graduates of Foreign P.T. Schools

§115. Qualifications for Licensure

A. - A.1. ...

2. have successfully completed his education in physical therapy that is substantially equivalent to the requirements of physical therapists educated in accredited physical therapy programs in the United States as the board, upon evaluation of the applicants educational program by an approved credentials evaluation service, deems sufficient, however, such substantially equivalent education shall be no less than a total of 120 semester hour credits which includes a minimum of 69 semester hour credits for professional education and a minimum of 42 semester hours of general education as established in a course work evaluation tool approved by the board;

A.3. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:662 (July 1991), LR 18:962 (September 1992), LR 19:208 (February 1993), LR 22:284 (April 1996), LR 24:39 (January 1998), LR 26:1444 (July 2000), LR 28:1979 (September 2002).

Subchapter H. License and Permit Issuance, Termination, Renewal and Reinstatement

§167. Reinstatement of License

A. ...

B. A licensee who fails to timely renew his license, but applies by reinstatement on or before January 31, shall be required to complete the following:

1. the renewal application;
2. pay the renewal fee and the reinstatement fee; and
3. provide a written explanation of his failure to timely renew;

4. reinstatement pursuant to this subsection does not insulate the applicant from disciplinary action for practicing without a current license between January 1 and January 31 of the pertinent year.

C.1. A licensee who fails to timely renew his license and applies by reinstatement postmarked after January 31, shall be required to complete the following:

- a. the application for reinstatement;
- b. pay the renewal fee and the reinstatement fee;
- c. provide a written explanation of his failure to timely renew; and

d. provide two letters of character recommendation from reputable physicians, dentists, podiatrists, and/or physical therapists who have knowledge of his most recent professional activities.

2. Reinstatement pursuant to this subsection does not insulate the applicant from disciplinary action for practicing without a current license between January 1 and the reinstatement date of the pertinent year.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 28:1979 (September 2002).

Subchapter I. Continuing Education

§169. Requirements

A. ...

B. Criteria of Acceptability. Acceptable continuing education activities are defined as formally organized and planned instructional experiences of at least two hours duration per sitting, with a qualified instructor or instructors, which may include board-approved home study, videotape, DVD and/or computer courses; and with objectives compatible with the professional continuing education needs of the physical therapist or physical therapist assistant. There are two types of approved courses: clinical/preventative courses and administrative. The entirety of the annual requirement may be comprised of approved clinical/preventative courses; however, a minimum of eight hours must be in approved clinical/preventative courses. A maximum of four hours of approved administrative courses will be allowed to be applied to the annual requirement. The minimum attendance requirement of two consecutive hours in duration must be maintained.

1. - 3.f. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 17:664 (July 1991), LR 19:208 (February 1993), LR 21:394 (April 1995), LR 21:1243 (November 1995), LR 26:1446 (July 2000), LR 28:1980 (September 2002).

Subpart 2. Practice

Subchapter A. General Provisions

Chapter 3. Practice

§305. Special Definition; Practice of Physical Therapy

A. As used in the definition of practice of physical therapy set forth in the Physical Therapy Practice Act, and as used in this Chapter, the following terms shall have their meanings specified.

Written Treatment Plan or Program—written statements made by a physical therapist that specify the measurable goals, specific treatment to be used, and proposed duration and frequency of treatment. The written treatment plan or program is an integral component of a physical therapy evaluation, however, the written treatment plan or program must be completed by the physical therapist prior to delegation of appropriate treatment to a physical therapist assistant.

B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Services, Board of Physical Therapy Examiners, LR 13:748 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 17:666 (July 1991), LR 19:208 (February 1993), LR 21:1243 (November 1995), LR 24:40 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002).

§321. Supervision Requirements

A. Licensed Physical Therapy Assistant

1. With regards to the requirement of periodic supervision of patient physical therapy services rendered by a licensed physical therapist assistant in acute care facilities, rehabilitation services, skilled nursing facilities and outpatient facilities, the supervising physical therapist shall:

a. be on premises daily for at least one-half of the physical therapy treatment hours in which the physical therapist assistant is rendering physical therapy treatment;

b. - e. ...

2. With regards to the requirement of periodic supervision of patient physical therapy services rendered by a licensed physical therapist assistant in nursing homes, school systems, and home health settings, the supervising physical therapist shall:

a. - e. ...

3. With regards to the requirement of periodic supervision of client preventative services rendered by a licensed physical therapist assistant, the supervising physical therapist:

a. shall perform an initial screening to determine if an individual qualifies for preventative services and document.

b. shall provide education or activities in a wellness setting through the establishment of a program for the purpose of injury prevention, reduction of stress and/or the promotion of fitness;

c. shall be readily accessible by beeper or mobile phone;

d. shall conduct a face to face conference with the physical therapist assistant regarding each client at least every thirty days commencing with the initiation of the preventative services for that client; and

e. may delegate only those functions to a physical therapist assistant for which he has documented training and skills.

4. The level of responsibility assigned to the physical therapist assistant pursuant to §321.A is at the discretion of the physical therapist who is ultimately responsible for the acts or omissions of this individual.

B. - B.3. ...

C. Physical Therapy Aide/Technician

1. - 2. ...

3. The physical therapist assistant may utilize one physical therapy aide/technician for physical assistance when more than one person is required, as determined by the physical therapist, to ensure the safety and welfare of the patient during ambulation, transfers, or functional activities. However, no portion of the treatment may be delegated by a physical therapist assistant to the physical therapy aide/technician. The use of the physical therapy aide/technician for physical assistance does not require continuous supervision on the premises by a physical therapist for the limited purpose set forth in this subsection.

4. With regards to the requirement of continuous supervision of client preventative services rendered by a physical therapy aide/technician, the supervising physical therapist:

a. shall perform an initial screening to determine if an individual qualifies for preventative services and document.

b. shall provide education or activities in a wellness setting through the establishment of a program for the purpose of injury prevention, reduction of stress and/or the promotion of fitness;

c. shall provide continuous, on the premises, supervision of a physical therapy aide/technician during the performance of preventative services;

d. may delegate only those functions to a physical therapy aide/technician for which he has documented training and skills.

5. The level of responsibility assigned to a physical therapy aide/technician pursuant to §321.C is at the discretion of the physical therapist who is ultimately responsible for the acts or omissions of this individual.

D. - E.2. ...

F. Unavailability of Supervising Physical Therapist

1. In the event the supervising physical therapist of record as approved by the board for a physical therapist permittee or physical therapist assistant permittee can not fulfill his supervisory obligations, secondary to illness or vacation, for less than one week, then a substitute supervising physical therapist licensed by the board and in good standing may be used in his stead. The substitute physical therapist is not required to be approved by the board under this scenario; however, the board approved supervisor, the substitute supervisor, as well as the permittee supervised, will be held responsible for the acts or omissions of the supervised permittee.

2. If the supervising physical therapist of record as approved by the board for a physical therapist permittee or physical therapist assistant permittee can not fulfill his supervisory obligations, secondary to illness or vacation, for one week or more, then he shall send written notification to the board for approval of a new supervising physical therapist during his period of absence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:388 (May 1989), LR 19:208 (February 1993), LR 24:41 (January 1998), LR 26:1447 (July 2000), LR 28:1980 (September 2002).

§323. Documentation Standards

A. - A.1. ...

2. An initial physical therapy evaluation is the written documentation of patient history, pertinent medical diagnosis, signs, symptoms, objective tests or measurements, and the physical therapist's interpretation of such findings, as well as goals and written treatment plan or program as defined in §305. The initial physical therapy evaluation shall be documented and signed by the physical therapist performing the evaluation no later than seven consecutive days from the performance of the evaluation. An initial physical therapy evaluation shall not be documented or signed by a physical therapist assistant or other supportive personnel.

A.3. - B. ...

C. A signature stamp shall not be used in lieu of a written signature on physical therapy patient records. Forms of electronic signatures, established pursuant to written

policies and mechanisms to assure that only the author can authenticate his own entry, are acceptable.

D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:750 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:389 (May 1989), LR 21:395 (April 1995), LR 26:1447 (July 2000), LR 28:1981 (September 2002).

Subchapter D. Disciplinary Proceedings

§327. Definitions

A. - D. ...

E. As used in R.S. 37:2413A.(7) the term "unprofessional conduct" means:

1. - 6. ...

7. a violation of La. R.S. 37:1745 will subject a physical therapist to disciplinary action. La. R.S. 37:1745 provides in pertinent part:

a. Health care provider means a person, partnership, or corporation licensed by the state to provide health care or professional services as a physician, chiropractor, dentist, dental hygienist, podiatrist, optometrist, physical therapist, psychologist, licensed professional counselor, registered or licensed practical nurse, pharmacist, and any officer, employee, or agent thereof acting in the course and scope of his employment.

b. No health care provider shall offer, make, solicit, or receive payment, directly or indirectly, overtly or covertly, in cash or in-kind, for referring or soliciting patients. Payments representing a return on investment based upon a percentage of ownership are not considered a direct or indirect payment for the purposes of this Section.

F. - F.1. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 15:389 (May 1989), LR 19:208 (February 1993), LR 28:1981 (September 2002).

§355. Substance Abuse Recovery Program

A. In lieu of suspension or revocation of a license or the denial of an application for a license, to practice physical therapy or physical therapist assisting, the board may permit an applicant or licensee to actively participate in a board-approved substance abuse recovery program if:

1. the board has evidence that the applicant or licensee is impaired, which includes substance abuse;

2. the applicant or licensee has not been convicted of a felony relating to substance abuse, which includes alcohol or drug abuse, in a court of law of the United States or a court of law of any state or territory, or another country;

3. the applicant or licensee enters into a written Consent Order with the board for a license with appropriate restrictions and he timely complies with all the terms of the Consent Order, including making satisfactory progress in the program and adhering to any limitations on the licensee's practice imposed by the board to protect the public; and

4. as part of the Consent Order, the applicant or licensee shall sign a waiver allowing the substance abuse program to release information to the board if the applicant or licensee does not comply with the requirements of the

Consent Order or the program or is unable to practice or work with reasonable skill or safety.

B. Failure to enter into a Consent Order pursuant to this Rule shall precipitate the board's right to pursue formal disciplinary action against the applicant or licensee which may result in denial, suspension, or revocation of a license to practice physical therapy or physical therapist assisting after due notice and hearing.

C. Failure to comply with the requirements of the Consent Order or the substance abuse program or the inability to practice or work with reasonable skill or safety shall result in denial, suspension, or revocation of a license to practice physical therapy or physical therapist assisting after due notice and hearing.

D. The applicant or licensee shall be responsible for any costs associated with the Consent Order and/or the substance abuse program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 28:1981 (September 2002).

Subpart 3. Fees

Chapter 5. Fees

§501. Fees

A. The board may collect the following fees:

- | | |
|------------------------------------|-------|
| 1. Application fee | \$200 |
| 2. Reinstatement fee | \$ 75 |
| 3. Annual Renewal fee | \$115 |
| 4. License Verification | \$ 40 |
| 5. Duplicate Wall license fee | \$ 50 |
| 6. Duplicate Wallet license fee | \$ 20 |

B. The annual renewal fee provided in this Rule shall be received by the board office prior to January 1 of each year.

C. If the annual renewal fee is received by the Board office on or subsequent to January 1, the applicant shall apply for reinstatement pursuant to §167 and shall pay the renewal fee and the reinstatement fee.

D. The board may assess reasonable charges with regards to administrative business expenses.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2401.2.A.(3).

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Physical Therapy Examiners, LR 13:744 (December 1987), amended by the Department of Health and Hospitals, Board of Physical Therapy Examiners, LR 13:750 (December 1987), LR 15:392 (May 1989), LR 17:667 (July 1991), LR 18:963 (September 1992), LR 21:396 (April 1995), LR 28:1982 (September 2002).

Pat Adams
Chairman

0209#055

RULE

Department of Health and Hospitals Board of Veterinary Medicine

Licensure Procedures (LAC 46:LXXXV.301 and 303)

The Louisiana Board of Veterinary Medicine has amended LAC 46:LXXXV.301 and 303 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and the Louisiana Veterinary Practice Act, R.S. 37:1511 et seq. The proposed amendments to the Rule are set forth below.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part LXXXV. Veterinarians

Chapter 3. Licensure Procedures

§301. Applications for Licensure

A. - B.7. ...

8. Prior to licensure in Louisiana, a foreign veterinary school graduate must provide to the board proof of completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) program offered through the American Veterinary Medical Association (AVMA) or the Program for the Assessment of Veterinary Education Equivalence (PAVE) program offered through the American Association of Veterinary State Boards (AAVSB).

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1518 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 8:65 (February 1982); amended LR 10:464 (June 1984), LR 16:224 (March 1990), LR 19:343 (March 1993), LR 23:964 (August 1997), LR 25:2231 (November 1999), LR 28:1982 (September 2002).

§303. Examinations

A.1. - 3. ...

4. A candidate for examination must be:

a. ...

b. currently enrolled in or certified by the AVMA's ECFVG program or the AAVSB's PAVE program; or

c. ...

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1518

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 8:66 (February 1982); amended LR 19:344 (March 1993), LR 19:1327 (October, 1993), LR 23:964 (August, 1997), LR 25:2232 (November 1999), LR 28:1982 (September 2002).

Kimberly B. Barbier
Administrative Director

0209#050

RULE

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Children's Choice (LAC 50:XXI.Chapters 111-121)

Editor's Note: The following Subpart has recently been compiled and is being promulgated for codification purposes.

The table below shows the rules compiled to create each Section in Subpart 9, Children's Choice.

| Section Number | Rules |
|----------------|--|
| §11101 | LR 26:2793 (December 2000) |
| §11301 | LR 26:2793 (December 2000), LR 28:1781 (August 2002) |
| §11303 | LR 26:2793 (December 2000) |
| §11501 | LR 26:2793 (December 2000) |
| §11521 | LR 27:310 (March 2001) |
| §11523 | LR 27:310 (March 2001) |
| §11525 | LR 27:310 (March 2001) |
| §11527 | LR 27:310 (March 2001) |
| §11701 | LR 27:1015 (July 2001) |
| §11703 | LR 27:1015 (July 2001) |
| §11705 | LR 27:1015 (July 2001) |
| §11901 | LR 28:1465 (June 2001) |
| §11903 | LR 28:1465 (June 2001) |
| §11905 | LR 28:1465 (June 2001) |
| §12101 | LR 27:310 (March 2001) |

Title 50

PUBLIC HEALTHC MEDICAL ASSISTANCE Part XXI. Home and Community-Based Services Waivers

Subpart 9. Children's Choice

Chapter 111. Eligibility

§11101. Waiver Availability

A. The order of entry is first come, first served from a statewide list arranged by date of application for Mentally Retarded/Developmentally Disabled (MR/DD) waiver services. Families will be given a choice of accepting a slot in the Children's Choice Waiver or remaining on the MR/DD waiver waiting list. The number of participants is contingent on available funding. The Children's Choice Waiver is available to children who are:

1. age from birth through age 18;
2. on the MR/DD Waiver waiting list;
3. meet all the financial and non-financial criteria for Home and Community-Based Services (HCBS) waiver eligibility:
 - a. income less than three times the SSI amount for the child (excluding consideration of parental income);
 - b. resources less than the SSI resource limit of \$2,000 for a child (excluding consideration of parental resources);
 - c. SSI disability criteria;
 - d. ICF/MR level of care criteria; and
 - e. all Medicaid non-financial requirements such as citizenship, residence, Social Security number, etc.

B. In addition, the plan of care must be sufficient to assure the health and welfare of the waiver

applicant/participant in order to be approved for waiver participation or continued participation.

C. Children who reach their nineteenth birthday while a participant in the Children's Choice Waiver will transfer with their waiver slot to a HCBS waiver serving adults who meet the criteria for an ICF/MR level of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1983 (September 2002).

Chapter 113. Service

§11301. Service Cap

A. Children's Choice services are capped at \$15,000 per individual per plan of care year.

B. Participants are eligible to receive all medically necessary Medicaid State Plan services, including EPSDT services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1983 (September 2002).

§11303. Service Definitions

A. The services in this §11303 are included in the service package for the Children's Choice Waiver. All services must be included on the approved plan of care which prior authorizes all services.

B. Case management consists of services which will assist individuals who receive children's choice services in gaining access to needed waiver and other State Plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained. Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care. Case managers shall initiate the process of assessment and reassessment of the individual's level of care and the review of plans of care as required.

C. Center-based respite is service provided in a licensed respite care facility to individuals unable to care for themselves. These services are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

D. Environmental accessibility adaptations are physical adaptations to the home or vehicle provided when required by the individual's plan of care as necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the community, and without which the individual would require additional supports or institutionalization.

1. Such adaptations to the home may include:
 - a. the installation of ramps and grab-bars;
 - b. widening of doorways;
 - c. modification of bathroom facilities; or
 - d. installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual.

2. Adaptations which add to the total square footage of the home are excluded from this benefit.

3. All services shall be in accordance with applicable state and local building codes.

4. An example of adaptation to the vehicle is a van lift.

5. Excluded are those adaptations or improvements to the home or vehicle which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc.

E. Family training is defined as training and education for families of recipients that is appropriate to the needs of the child presented by professional organizations or practitioners and individually approved by the Bureau of Community Supports and Services. For purposes of this service, *family* is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, stepparent, spouse, children, relatives, foster family, legal guardian, or in-laws. Training and education includes reimbursement for travel expenses and registration fees for caregivers to attend approved seminars and similar opportunities for knowledge dissemination when such opportunities are approved as appropriate.

F. Family support services are services provided by a personal care attendant that enables a family to keep their developmentally-disabled child or family member at home and also enhances family functioning. Services may be provided in the child's home or out of the child's home or outside of the child's home in such settings as after school programs, summer camps, or other places as specified in the approved comprehensive plan of care. Family support includes:

1. assistance and prompting with eating, bathing, dressing, personal hygiene, and essential housekeeping incidental to the care of the child, rather than the child's family. The preparation of meals is included, but not the cost of the meals themselves;

2. assistance with participating in the community, including activities to maintain and strengthen existing informal networks and natural supports. Providing transportation to these activities is also included.

G. Diapers are provided for participants who are three years of age and older when necessary for the welfare of the individual and included in the written plan of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1983 (September 2002).

Chapter 115. Providers

Subchapter A. Provider Qualifications

§11501. Case Management Providers and Service Providers

A. Case Management Providers. Families of waiver participants shall choose one case management agency from those contracted with Department of Health and Hospitals (DHH) in their region to provide MR/DD case management services.

B. Service Providers. Agencies licensed to provide personal care attendant services may enroll as a provider of Children's Choice services with the exception of case management services. Agencies that enroll to be a Children's Choice service provider shall provide family support services, and shall either provide or subcontract for all other waiver services. Families of participants shall choose one service provider agency from those available in their region who will provide all waiver services, except case

management. The following individuals shall not be employed or contracted by the service provider to provide services reimbursed through Children's Choice:

1. legally responsible relatives (spouses, parents or stepparents, foster parents, or legal guardians); or

2. any other relatives who live in the same household with the participant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1984 (September 2002).

Subchapter B. Provider Requirements

§11521. General Requirements for Medicaid Enrollment

A. In order to participate in the Medicaid Program, a provider must meet all of the following requirements.

1. The provider must meet all the requirements for licensure as established by state laws and rules promulgated by DHH or the Department of Social Services (DSS).

2. The provider must agree to comply with all the terms and conditions for Medicaid enrollment as contained in:

- a. the provider enrollment packet;
- b. the Medical Assistance Program Integrity Law (MAPIL), R.S. 46:437.1 - 440.3;
- c. the provider agreement;
- d. the standards for participation contained in the Children's Choice and Case Management Services provider manuals; and
- e. all other applicable federal and state laws, regulations and policies.

3. All services must be appropriately documented in the provider's records.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1984 (September 2002).

§11523. Enrollment

A. Both case management and direct services providers must comply with the requirements of this §11523 in order to participate as Children's Choice providers. Agencies will not be added to the Freedom of Choice (FOC) list of available providers maintained by BCSS until they have received a Medicaid provider number.

B. Providers shall attend all mandated meetings and training sessions as directed by BCSS as a condition of enrollment and continued participation as waiver providers. For initial enrollment, providers shall attend the pre-application orientation conducted by BCSS prior to receiving a Provider Enrollment Packet.

C. A separate Provider Enrollment Packet must be completed for each site in each DHH administrative region where the agency will provide services.

D. Recipient case records and billing records shall be housed at the site in the DHH administrative region where the recipient resides.

E. Providers may not refuse to serve any waiver participant that chooses their agency to provide services.

F. Providers shall have available computer equipment and software necessary to participate in prior authorization and data collection as described in the Children's Choice provider manual.

G. Providers shall participate in initial training for prior authorization and data collection. This initial training and any DHH scheduled subsequent training addressing program changes is to be provided at no cost to the agency. Repeat training must be paid for by the requesting agency.

H. Providers shall develop a Quality Improvement Plan which must be submitted for approval within 60 days after the DHH training. Self assessments are due six months after approval of the plan and yearly thereafter.

I. The agency must not have been terminated or actively sanctioned by Medicaid, Medicare or other health-related programs in Louisiana or any other state.

J. The agency must not have an outstanding Medicaid Program audit exception or other unresolved financial liability owed to the state.

K. Providers shall be certified for a period of one year. Re-certification must be completed no less than 60 days prior to the expiration of the certification period.

L. Waiver services are to be provided only to persons who are waiver participants, and strictly in accordance with the provisions of the approved comprehensive plan of care.

M. Changes in the following areas are to be reported to both BCSS and the Provider Enrollment Section in writing at least 10 days prior to any change:

1. ownership;
2. physical location;
3. mailing address;
4. telephone number; and
5. account information affecting electronic funds transfer.

N. The provider must complete a new provider enrollment packet when a change in ownership of 5 percent to 50 percent of the controlling interest occurs, but may continue serving recipients. When 51 percent or more of the controlling interest is transferred, a complete re-certification process must occur and the agency shall not continue serving recipients until the re-certification process is complete.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1984 (September 2002).

§11525. Case Management Providers

A. Case management providers must also comply with Paragraphs 1 and 2 of this Subsection A in order to participate as Children Choice providers.

1. Providers of case management services for the Children's Choice Program must have a contract with DHH to provide services to waiver participants.

2. Case management agencies must meet all requirements of their contract in addition to the requirements contained in the Children's Choice and Case Management Services provider manuals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1985 (September 2002).

§11527. Direct Service Providers

A. Direct service providers must also comply with this §11527 in order to participate as Children Choice providers.

1. The provider must be licensed as a personal care attendant agency by the DSS Bureau of Licensing.

2. Direct service providers must provide, at a minimum, family support and crisis support services.

3. The following services may either be provided directly by the direct service provider or by written agreement (subcontract) with other agents. The actual provider of the service, whether it is the direct service provider or a subcontracted agent, shall meet the following licensure or other qualifications.

a. Center-based respite must be provided by a facility licensed by DSS Bureau of Licensing as a center-based respite agency.

b. Family training must be provided at approved events.

c. Diapers must be provided by the enrolled direct service provider.

d. Environmental adaptations must be provided by an individual/agency deemed capable to perform the service by the recipient's family and the direct service provider agency. When required by state law, the person performing the service must meet applicable requirements for a professional license. When building code standards are applicable, modifications to the home shall meet such standards.

4. Providers shall maintain a 24-hour toll-free telephone number manned by a person and shall provide a written plan to the recipients, families and case managers that explains how workers can be contacted and the expected response time.

5. Providers shall develop and provide brochures to interested parties that documents the agency's experience, toll-free telephone number, BCSS information, Helpline, and other pertinent information. All brochures are subject to BCSS approval prior to distribution.

6. Agencies must provide services consistent with the personal outcomes identified by the child and his/her family.

7. All personnel who are at a supervisory level must have a minimum of one year verifiable work experience in planning and providing direct services to people with mental retardation or other developmental disabilities.

8. The agency shall document that their employees and the employees of subcontractors do not have a criminal record as defined in 42 CFR 441.404(b) which states, "Providers of community supported living arrangements services:

a. do not use individuals who have been convicted of child abuse, neglect, or mistreatment, or of a felony involving physical harm to an individual; and

b. take all reasonable steps to determine whether applications for employment by the provider have histories indicating involvement in child or client abuse, neglect, or mistreatment, or a criminal record involving physical harm to an individual."

9. Direct service providers who contract with other agencies to provide waiver services shall maintain copies of such contracts signed by both agencies. Such contracts must state that the subcontractor may not refuse to serve any waiver participant referred to them by the enrolled direct service provider agency.

10. Direct service providers and subcontractors shall maintain written internal policy and procedure manuals that comply with the requirements contained in the Children's Choice provider manual.

11. Enrollment of direct service providers is contingent on the submission of a complete application packet, verified by a site visit conducted by BCSS staff as described in the Children's Choice provider manual.

12. Service delivery shall be documented with progress notes on recipient status, supports provided that address personal outcomes, recipient responses, etc. Progress notes shall be dated and signed in ink. Whiteout is not to be used in making corrections.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1985 (September 2002).

Chapter 117. Crisis Provisions

§11701. Participation in Children's Choice

A. Families must choose to either accept Children's Choice services or remain on the MR/DD Waiver request for services registry. This is an individual decision based on a family's current circumstances. In the event that a family chooses Children's Choice for their child and later experiences a crisis that increases the need for paid supports to a level that cannot be accommodated within the service cap specified in §11301.A on waiver expenditures, they may request consideration for a crisis designation. A crisis is defined as a catastrophic change in circumstances rendering the natural and community support system unable to provide for the health and welfare of the child at the level of benefits offered under Children's Choice. The procedure in this Chapter has been developed to address these situations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1986 (September 2002).

§11703. Crisis Designation Criteria

A. In order to be considered a crisis, one of the following circumstances must exist:

1. death of the caregiver with no other supports (i.e., other family) available; or
2. the caregiver is incapacitated with no other supports (i.e., other family) available; or
3. the child is committed to the custody of the Department of Health and Hospitals (DHH) by the court; or
4. other family crisis with no caregiver support available, such as abuse/neglect, or a second person in the household becomes disabled and must be cared for by same caregiver, causing inability of the natural caregiver to continue necessary supports to assure health and safety.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1986 (September 2002).

§11705. Crisis Extension Provisions

A. Additional services (crisis support) outside of the waiver cap amount may be approved by the Bureau of Community Supports and Services (BCSS) state office. Crisis designation is time limited, depending on the anticipated duration of the causative event. Each request for crisis designation may be approved for a maximum of three months initially, and for subsequent periods of up to three months.

B. When the crisis designation is extended at the end of the initial duration (or at any time thereafter), the family may request the option of returning the child's name to the original application date on the MR/DD Waiver request for services registry when it is determined that the loss of the caregiver and lack of natural or community supports will be long term or permanent. This final determination will be made by BCSS. Eligibility and services through Children's Choice shall continue as long as the child meets eligibility criteria.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1986 (September 2002).

Chapter 119. Noncrisis Provisions

§11901. General Provisions

A. Restoring the recipient to the MR/DD request for services registry under non crisis "good cause" provisions will allow that individual to be placed in the next available waiver slot that will provide the appropriate services, provided the recipient is still eligible when a slot becomes available. The fact that the recipient is being restored to the request for services registry does not require that the department immediately offer him/her a waiver slot if all slots are filled or to make a slot available to this recipient for which another recipient is being evaluated, even though that other recipient was originally placed on the request for services registry on a later date. Waiver services will not be terminated as a result of a recipient's name being restored to the registry.

B. If another MR/DD waiver would provide the recipient with the services at issue, the department may place the recipient in any waiver that would provide the appropriate services.

C. In the event that the waiver eligibility, other than for the MR/DD waiver, of a person who elected or whose legal representative elected that they receive services under the Children's Choice Waiver is terminated based on inability to assure health and welfare of the waiver participant, the department will restore him/her to the request for services registry for the MR/DD Waiver in the date order of the original request.

D. If and when a new "capped" adult waiver is adopted, a Children's Choice participant aging out of that program will be evaluated for both the capped waiver and the MR/DD Waiver, and transferred to the waiver whose services are most appropriate for them at that time, with a right of appeal of the department's decision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1986 (September 2002).

§11903. Good Cause

A. A person who has elected or whose legal representative has elected that they receive services under Children's Choice waiver shall be allowed to restore his or her name to the request for services registry for the MR/DD Waiver in original date order, when they meet all of the following criteria:

1. he/she would benefit from the services that are available in the MR/DD waiver, but are not actually

available to him or her through their current waiver or through Medicaid State Plan services; and

2. he/she would qualify for those services under the standards utilized for approving and denying the services to the MR/DD Waiver participants; and

3. there has been a change in circumstances since his or her enrollment in the Children's Choice waiver that causes these other services to be appropriate. The change does not have to be a change in the recipient's medical condition, but can include loss of in-home assistance through a caretaker's decision to take on or increase employment, or to obtain education or training for employment. (Note: The temporary absence of a caretaker due to a vacation is not considered "good cause."); and

4. the person's original request date for the MR/DD waiver has been passed on the request for services registry.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1986 (September 2002).

§11905. Determination Responsibilities and Appeals

A. The Bureau of Community Supports and Services (BCSS) shall have the responsibility for making the determinations as to the matters set forth in this Chapter 119. Persons who have elected or whose legal representatives have elected that they receive services under the Children's Choice waiver have the right to appeal any determination of the department as to matters set forth in this Chapter 119, under the regulations and procedures applicable to Medicaid fair hearings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1987 (September 2002).

Chapter 121. Reimbursement

§12101. Reimbursement Methodology

A. Case management services shall be reimbursed at a flat monthly rate billed for each waiver participant served in accordance with the conditions and procedures contained in the Case Management Services provider manual.

B. Direct service providers shall be reimbursed according to the following reimbursement methodology. Actual rates will be published in the Children's Choice provider manual and will be subsequently amended by direct notification to the affected providers. For services provided by a subcontractor agency, the enrolled direct service provider shall reimburse the subcontractor according to the terms of the contract and retain the administrative costs.

1. Family support, crisis support and center-based respite services shall be reimbursed at a flat rate per half-hour unit of service, which covers both service provision and administrative costs.

2. Family training shall be reimbursed at cost plus a set administrative add-on per training session.

3. Environmental modifications shall be reimbursed at cost plus a set administrative add-on per project.

4. Diapers shall be reimbursed at cost plus a set monthly administrative add-on.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1987 (September 2002).

0209#017

RULE

Department of Public Safety and Corrections Gaming Control Board

Compulsive and Problem Gambling
(LAC 42:III.301, 303, 304, VII.2933, Chapter 37,
IX.2939, Chapter 37, XIII.2933, and Chapter 37)

The Louisiana Gaming Control Board hereby adopts LAC 42:III.301 et seq.; and repeals LAC 42:VII.2933, VII.Chapter 37, IX.2939, IX.Chapter 37, XIII.2933, and XIII.Chapter 37 in accordance with R.S. 27:15 and 24, and the Administrative Procedure Act, R.S. 49:950 et seq.

Title 42

LOUISIANA GAMING

Part III. Gaming Control Board

Chapter 3. Compulsive and Problem Gambling

§301. Problem Gambling Programs

A. As used in this Section *licensee* shall mean all persons licensed or otherwise authorized to conduct gaming operations pursuant to the provisions of Chapters 4, 5, and 7 of the Louisiana Gaming Control Law, R.S. 27:1 et seq., including the Casino Operator and Casino Manager, but not including persons licensed pursuant to Chapter 6 of the Louisiana Gaming Control Law.

B. The Casino Operator or Casino Manager and each licensee shall post or provide written materials concerning the nature and symptoms of problem gambling in conspicuous places within the gaming establishment in or near gaming areas and areas where cash or credit is made available to patrons, including cash dispensing machines.

C. The Casino Operator or Casino Manager and each licensee shall post one or more signs, as approved by the Division, at points of entry to casino gaming establishments to inform customers of the toll free telephone number available to provide information and referral services regarding compulsive or problem gambling. The toll free number shall be provided by the division.

D. Failure by the Casino Operator or Casino Manager or a licensee to comply with the provisions of Subsections B or C above shall constitute violations of this Section. The penalty for violation of Subsection B or C shall be \$1,000 per day or administrative action including but not limited to suspension or revocation.

E.1. The Casino Operator or Casino Manager and all licensees shall develop a comprehensive program for its property or properties, that address, at a minimum, the areas of concern described in R.S. 27:27.1.C which are designed to:

a. provide procedures designed to prevent employees from willfully permitting a person identified on a self-exclusion list from engaging in gaming activities at the licensed establishment or facility;

b. provide procedures to offer employee assistance programs or equivalent coverage. The procedures shall be designed to provide confidential assessment and treatment

referral for gaming employees and, if covered, their dependents who may have a gambling problem;

c. provide procedures for the development of programs to address issues of underage gambling and unattended minors at gaming facilities;

d. provide procedures for the training of all employees that interact with gaming patrons in gaming areas to report suspected problem gamblers to supervisors who shall be trained as provided in this Paragraph. The training shall, at a minimum, consist of information concerning the nature and symptoms of compulsive and problem gambling behavior and assisting patrons in obtaining information about compulsive and problem gambling and available options for seeking assistance with such behavior;

e. provide procedures designed to prevent serving alcohol to intoxicated gaming patrons consistent with the provisions of R.S. 26:931 et seq.;

f. provide procedures for removing self-excluded persons from the licensed establishment or facility, including, if necessary, procedures that include obtaining the assistance of the division or local law enforcement;

g. provide procedures preventing any person identified on the self-exclusion list from receiving any advertisement, promotion, or other targeted mailing after ninety days of receiving notice from the board that the person has been placed on the self-exclusion list;

h. provide procedures for the distribution or posting within the gaming establishment of information that promotes public awareness about problem gambling and provides information on available services and resources to those who have a gambling problem;

i. provide procedures for the distribution of responsible gaming materials to employees;

j. provide procedures for the posting of local curfews or laws and prohibitions, if any, regarding underage gambling and unattended minors;

k. provide procedures to prevent any person placed on the self-exclusion list from having access to credit or from receiving complimentary services, check cashing services, and other club benefits;

l. provide procedures designed to prevent persons from gaming after having been determined to be intoxicated for the purposes of R.S. 27:27.1.C.(5).

2. The Casino Operator or Casino Manager and each licensee shall designate personnel responsible for implementing and monitoring the program.

3. In addition to the areas of concern described in R.S. 27:27.1.C, the comprehensive program shall also include a program that allows patrons to self-limit their access to functions and amenities of the gaming establishment, including but not limited to, the issuance of credit, check cashing or direct mail marketing.

F. The Casino Operator or Casino Manager and each licensee shall submit the comprehensive program to the board for approval within one hundred twenty days from the date this rule becomes effective as required by R.S. 27:27.1.C.

G. Upon approval, the Casino Operator, Casino Manager and all casino gaming licensees shall comply with their respective comprehensive compulsive and problem gambling programs submitted to the board.

H. Sanctions

1. Failure by any licensee, the Casino Operator or Casino Manager to comply with LAC 42:III.301.F shall constitute a violation. The penalty for violation of LAC 42:III.301.F shall be \$1,000 per day or administrative action including but not limited to suspension or revocation.

2. Failure by any licensee, the Casino Operator or Casino Manager to comply with any provision of the programs approved by the board shall constitute a violation of LAC 42:III.301.G. The penalty shall be \$5000 for the first offense, \$10,000 for the second offense and \$20,000 for the third offense. The penalty for fourth and subsequent offenses shall be \$20,000 or administrative action including but not limited to suspension or revocation.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 28:1987 (September 2002).

§303. Persons Required to be Excluded

A. Pursuant to R.S. 27:27.2, the Louisiana Gaming Control Board hereby provides for the establishment of a list of persons who are to be excluded or ejected from any room, premises, or designated gaming area of an establishment where gaming is conducted pursuant to Chapters 4, 5, and 7 of the Louisiana Gaming Control Law, R.S. 27:1 et seq.

B. Definitions. The following words and terms, when used in this Section, shall have the following meanings unless the context clearly indicates otherwise.

Board Excluded Person Any person who has been placed on the board exclusion list by preliminary or final order of the board or division where applicable, and who is required to be excluded or ejected from a casino gaming establishment pursuant to the Louisiana Gaming Control Law.

Board Exclusion List A list of names of persons who, pursuant to R.S. 27:27.2, are required to be excluded or ejected from casino gaming establishments.

Candidate Any person whose name is included in a petition to place such person on the board exclusion list pursuant to the Louisiana Gaming Control Law.

Career or Professional Offender Any person who, in an occupational manner or context, engages in methods and activities that are deemed criminal violations or contrary to the public policy of this state for the purpose of economic gain.

Casino Gaming Establishment Any room, premises, or designated gaming area of any establishment where gaming is conducted pursuant to Chapters 4, 5, and 7 of the Louisiana Gaming Control Law.

Cheat Any person whose act or acts in any jurisdiction would constitute any offense under R.S. 14:67.18.

Occupational Manner or Context The systematic planning, administration, management, or execution of an activity for financial gain.

C. Criteria for Exclusion

1. The board exclusion list may include any person who meets any of the following criteria:

a. a career or professional offender whose presence in a casino gaming establishment would be adverse to the interests of the state of Louisiana or to authorized gaming therein;

b. an associate of a career or professional offender whose association is such that his or her presence in a casino gaming establishment would be adverse to the interests of the state of Louisiana or to authorized gaming therein;

c. a person who has been convicted of a gaming or gambling crime or a crime related to the integrity of gaming operations;

d. a person who has performed any act or has a notorious or unsavory reputation that would adversely affect public confidence and trust in gaming, including, but not limited to, being identified with criminal activities in published reports of various federal and state legislative and executive bodies that have inquired into criminal activities. Such bodies shall include, but not be limited to, the following:

- i. California Crime Commission;
- ii. Chicago Crime Commission;
- iii. McClellan Committee (Senate Subcommittee on Investigation);
- iv. New York Waterfront Commission;
- v. Pennsylvania Crime Commission Report;
- vi. Senate Permanent Subcommittee on Investigations;
- vii. State of Colorado Organized Crime Strike Force; or
- viii. President's Commission on Organized Crime;

e. has been named or is currently on any valid exclusion list of any other jurisdiction;

f. is a person whose presence in a casino gaming establishment would be adverse to the state of Louisiana or authorized gaming therein, including, but not limited to:

- i. cheats;
- ii. persons whose gaming privileges, permits, licenses, or other approvals have been suspended, revoked or denied;
- iii. persons who pose a threat to the safety of the patrons or employees of the Casino Operator or Casino Manager or any casino gaming licensee;
- iv. persons with a documented history of conduct involving the disruption of the gaming operations in any jurisdiction;

v. persons subject to an order of a Louisiana court excluding such persons from any casino gaming establishments; or

vi. persons with pending charges for a gaming or gambling crime or a crime related to the integrity of gaming operations;

g. for purposes of Subsection C.1 above:

i. a person's presence may be considered "adverse to the interest of the state of Louisiana or to authorized gaming therein" if known attributes of such person's character and background:

(a). are incompatible with the maintenance of public confidence and trust in the credibility, integrity and stability of licensed gaming;

(b). could reasonably be expected to impair the public perception of, and confidence in, the strict regulation of gaming activities; or

(c). would create or enhance a risk or appearance of unsuitable, unfair or illegal practices, methods or activities in the conduct of gaming or in the business or financial arrangements incidental thereto;

ii. a finding that a person's presence is "adverse to the interest of the state of Louisiana or to authorized gaming therein" may be based upon, but not limited to, the following:

(a). the nature and notoriety of the attributes of character or background of the person;

(b). the history and nature of the involvement of the person with authorized gaming in Louisiana or any other jurisdiction, or with any particular licensee or licensees or any related company thereof;

(c). the nature and frequency of any contacts or associations of the person with any licensee or licensees, or with any employees or agents thereof; or

(d). any other factor reasonably related to the maintenance of public confidence in the efficacy of the regulatory process and the integrity of gaming operations, the gaming industry, and its employees;

iii. race, color, creed, national origin or ancestry, sex or disability as defined in R.S. 51:2234.(11), shall not be a reason for placing the name of any person upon such list.

D. Duties of the Division

1. The division shall, on its own initiative, or upon recommendation by the board, investigate any individual who would appear to be an appropriate candidate for placement on the board exclusion list.

2. If, upon completion of an investigation, the division determines that an individual should be placed on the board exclusion list, the division shall make a recommendation for exclusion to the board, identifying the candidate and setting forth the basis for which the division believes the candidate satisfies the criteria for exclusion established by the Louisiana Gaming Control Law.

E. Notice

1. Upon a determination by the board that one or more of the criteria for being named on the list are satisfied, such person shall be placed on the board exclusion list. The board or division shall serve notice of exclusion in the matter prescribed in R.S. 27:27.2.C. The notice shall:

a. identify the excluded person by name, including known aliases, and last known address;

b. specify the nature and scope of the circumstances or reasons for such person's exclusion;

c. inform the excluded person of his right to request a hearing for review and/or removal;

d. inform the excluded person that the failure to timely request a hearing shall result in the decision's becoming final.

F. Contents of the Board Exclusion List

1. The following information shall be provided for each board excluded person:

a. the full name of the person and any known aliases the person is believed to have used;

b. a description of the person's physical appearance, including height, weight, build, color of hair and eyes, and any other physical or distinguishing characteristics that may assist in identifying the person;

c. the date of birth of the person;

d. the date of the notice mandating exclusion;

e. the driver's license number or state identification number of the person;

f. a photograph of the person, if available and the date taken;

- g. the person's occupation and his current home and business address; and
- h. social security number, if available;
- i. the reason for exclusion.

G Maintenance and Distribution of the List

1. The board shall maintain a list of persons to be excluded or ejected from all casino gaming establishments.
2. The list shall be open to public inspection except information pertaining to the date of birth, driver's license number, state identification number, social security number and current home and business address of the board excluded person.
3. The list shall be distributed by the division to the Casino Operator or Casino Manager and all casino gaming licensees.
4. No casino gaming licensee, the Casino Operator or Casino Manager or any employee, or agent thereof shall disclose the date of birth or current home or business address of a board excluded person to anyone other than employees or agents of casino gaming licensees whose duties and functions require access to such information.

H. Duties of the Casino Operator or Casino Manager and casino gaming licensees

1. The Casino Operator or Casino Manager, casino gaming licensees and their agents or employees shall exclude or eject the following persons from the casino gaming establishment:

- a. any board excluded person; or
- b. any person known to the Casino Operator or Casino Manager or any casino gaming licensee to satisfy the criteria for exclusion in the Louisiana Gaming Control Law.

2. If a board excluded person enters, attempts to enter, or is in the casino gaming establishment and is discovered by the Casino Operator or Casino Manager or any casino gaming licensee, the Casino Operator or Casino Manager or casino gaming licensee shall immediately notify the division of such fact and, unless otherwise directed by the division, immediately eject such excluded person from the casino gaming establishment.

3. Upon discovery of a board excluded person in the casino gaming establishment, both the security and surveillance departments of the Casino Operator, Casino Manager and casino gaming licensees shall initiate a joint investigation, unless otherwise directed by the division, to determine:

- a. responsibility of employees of the casino gaming establishment for allowing a board excluded person to gain access to the casino gaming establishment; and
- b. the net amount of winnings and/or losses attributable to the board excluded person.

4. The Casino Operator, Casino Manager, and each casino gaming licensee shall take reasonable steps to ensure that no winnings or losses arising as a result of prohibited casino gaming activity are paid or recovered by a board excluded person.

5. It shall be the continuing duty of the Casino Operator, Casino Manager, and each casino gaming licensee to inform the board and division in writing of the names of persons it knows or has reason to know are appropriate for placement on the board exclusion list.

I. Sanctions

1. Any casino gaming licensee, Casino Operator or Casino Manager who willfully fails to exclude a board excluded person from the casino gaming establishment shall be in violation of these rules and may be subject to administrative action pursuant to R.S. 27:27.2.F and this Section.

2. The penalty for violation of LAC 42:III.303.C.7.a shall be \$25,000 or administrative action including but not limited to suspension or revocation.

J. Removal from the Board Exclusion List

1. Hearing. Any person who desires to have his name removed from the board exclusion list shall submit a written request to the board requesting a hearing before a hearing officer.

2. Absent. A change in circumstances that would have affected the board exclusion No person shall request a hearing to be removed from the board exclusion list for a period of five years from the date of the final decision.

AUTHORITY NOTE: Promulgated in accordance with RS. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 28:1988 (September 2002).

§304. Self-Exclusion

A. Pursuant to R.S. 27:27.1, the Louisiana Gaming Control Board hereby provides for the establishment of a list of persons who, at his or her request, are to be excluded or ejected from all casino gaming establishments licensed or operating pursuant to Chapters 4, 5, and 7 of the Louisiana Gaming Control Law, R.S. 27:1 et seq.

B. Definitions

1. The following words and terms, when used in this Section, shall have the following meanings unless the context clearly indicates otherwise.

Casino Gaming Establishment Any room, premises, or designated gaming area of any establishment where gaming is conducted pursuant to Chapters 4, 5, and 7 of the Louisiana Gaming Control Law.

Self-Excluded Person Any person whose name is included, at his or her request, on the self-exclusion list maintained by the board.

Self-Exclusion List A list of names of persons who have voluntarily agreed to be excluded from all gaming activities and to be prohibited from collecting any winnings or recovering any losses at all licensed casino gaming establishments.

C. Request for Self-Exclusion

1. Any person may have his or her name placed on the self-exclusion list by submitting a request for self-exclusion in the form and manner required by this Section.

2. Any person requesting placement on the self-exclusion list shall submit, in person, a completed request for self-exclusion as required in Paragraph C.4 below. The request shall be delivered to an Office of State Police, Casino Gaming Division. Any person submitting a self-exclusion request shall be required to present valid identification credentials. Any person requesting self-exclusion pursuant to this Section shall be required to have his or her photograph taken by a division agent upon submission of the request.

3. No person placed on the self-exclusion list may request removal for a period of five years from the date the person is placed on the self-exclusion list.

4. A request for self-exclusion shall be in a form prescribed by the board. Such form shall include:

a. identifying information concerning the person submitting the request for self-exclusion, as follows:

i. name, including any known aliases or nicknames;

ii. date of birth, driver's license or state identification number, if available;

iii. current home and business address;

iv. telephone number of current residence;

v. Social Security number, which information is voluntarily provided in accordance with Section 7 of the Privacy Act, 5 U.S.C. § 552(a); and

vi. a physical description of the person, including height, weight, gender, hair color, eye color, and any other physical or distinguishing characteristics that may assist in the identification of the person;

vii. the date of exclusion;

b. a waiver and release which shall release, forever discharge, indemnify and hold harmless the state of Louisiana, the Louisiana Gaming Control Board ("Board"), the Louisiana Department of Public Safety and Corrections, Office of State Police ("State Police"), the Department of Justice, Office of the Attorney General ("Attorney General's Office"), all casino gaming licensees, the Casino Operator and Casino Manager and their members, agents, and employees, from any liability to the person requesting self-exclusion and his or her heirs, administrators, executors and assigns for any harm, monetary or otherwise, which may arise out of or by reason of any act or omission relating to the request for self-exclusion, request for removal from the self-exclusion list, or removal from the self-exclusion list, including:

i. processing or enforcement of the request for self-exclusion, request for removal or removal from the self-exclusion list;

ii. the failure of the Casino Operator or Casino Manager or a casino gaming licensee to withhold gaming privileges from, or restore gaming privileges to, a self-excluded person;

iii. permitting a self-excluded person to engage in gaming activity in a licensed casino gaming establishment while on the list of self-excluded persons; and

iv. disclosure of the information contained in the self-exclusion request or list, except for a willful unlawful disclosure of such information;

c. the following statement signed by the person submitting the request for self-exclusion:

"I understand and read the English language or have had an interpreter read and explain this form. I am voluntarily requesting exclusion from all gaming activities at all Louisiana casino gaming establishments because I am a compulsive and/or problem gambler. I certify that the information that I have provided above is true and accurate, and that I have read, understand, and agree to the waiver and release included with this request for self-exclusion. I am aware that my signature below authorizes the Board or the State Police to direct all Louisiana casino gaming licensees, including the Casino Operator and Casino Manager, to restrict my gaming activities and access to casino gaming establishments for a minimum period of five years from the

date of exclusion. During such period of time, I will not attempt to enter any casino gaming establishment. I further understand that my name will remain on the self-exclusion list until 1) I submit a written request to the board to terminate my self-exclusion; 2) a hearing is held; and 3) there is a written decision of the Board determining that there is no longer a basis for me to be maintained on the list. I am aware that I cannot request removal from the list before five years have elapsed from the date of exclusion. I am aware and agree that during any period of self-exclusion, I shall not collect in any manner or proceeding any winnings or recover any losses resulting from any gaming activity at any casino gaming establishment and that any money or thing of value obtained by me from, or owed to me by, the Casino Operator, Casino Manager, or a casino gaming licensee as a result of wagers made by me while on the self-exclusion list shall be withheld and remitted to the state of Louisiana."

d. the type of identification credentials examined containing the signature of the person requesting self-exclusion, and whether the credentials included a photograph of the person; and

e. the signature of a board or division member, agent, or employee authorized to accept such request, indicating that the signature of the person on the request for self-exclusion appears to agree with that contained on his or her identification credentials and that any photograph or physical description of the person appears to agree with his or her actual appearance.

5. Upon receipt and acceptance of the request for self-exclusion and completion and submission of all required information and documentation the requesting party shall be placed on the self-exclusion list by the division.

D. Self-Exclusion List

1. The board shall maintain a list of persons who, at his or her request, are excluded and are to be ejected from all casino gaming establishments.

2. The list shall not be open to public inspection.

3. The list shall be distributed by the division to the Casino Operator or Casino Manager and each casino gaming licensee who shall acknowledge receipt of the list in writing. The division shall notify the Casino Operator, Casino Manager and all casino gaming licensees of the addition of new names and removal of names from the self-exclusion list within two business days of the effective date of such action.

4. The Casino Operator or Casino Manager and each casino gaming licensee shall maintain a copy of the self-exclusion list and shall establish procedures to ensure that the self-exclusion list is updated and that all appropriate members, employees and agents of the Casino Operator or Casino Manager and each casino gaming licensee are notified of any addition to or deletion from the list within five business days after receipt of the notice from the division. Appropriate members, employees, and agents of the Casino Operator or Casino Manager and each casino gaming licensee are those whose duties and functions require access to such information. The notice provided by the division shall include the name and date of birth of any person whose name shall be removed from the self-exclusion list and the following information concerning any person whose name shall be added to the self-exclusion list:

a. name, including any known aliases or nicknames;

b. date of birth;

c. address of current residence;

d. telephone number of current residence;

- e. Social Security number, if voluntarily provided by the person requesting self-exclusion;
- f. driver's license or state identification number;
- g. a physical description of the person, including height, weight, gender, hair color, eye color and any other physical or distinguishing characteristic that may assist in the identification of the person; and
- h. a copy of the photograph taken by the division.

5. Information furnished to or obtained by the board and division pursuant to this Section shall be deemed confidential and not be disclosed pursuant to R.S. 27:27.1.

6. Neither the Casino Operator, Casino Manager, nor any casino gaming licensee or any employee or agent thereof shall disclose the self-exclusion list or the name of, or any information about, any person who has requested self-exclusion to anyone other than employees and agents of the Casino Operator or Casino Manager or casino gaming licensee whose duties and functions require access to such information. Notwithstanding the foregoing, the Casino Operator or Casino Manager and each casino licensee may disclose the name of and information about a self-excluded person to appropriate employees of other casino licensees in Louisiana for the purpose of alerting other casinos that a self-excluded person has tried to gamble or obtain gaming related privileges or benefits in a casino gaming establishment. Nothing herein shall be construed to prohibit the licensee from disclosing the identity of self-excluded persons to affiliated entities in Louisiana and other gaming jurisdictions for the limited purpose of assisting in the proper administration of compulsive and problem gaming programs operated by such affiliated entities.

E. Duties of the Casino Operator, Casino Manager, and each Casino Gaming Licensee

1. The Casino Operator or Casino Manager and each casino gaming licensee shall establish procedures that are designed, to the greatest extent practicable, to:

- a. permit appropriate employees of the Casino Operator or Casino Manager and the casino gaming licensee to identify a self-excluded person when present in the casino gaming establishment and, upon such identification, immediately notify:

- i. those employees of the Casino Operator or Casino Manager and the casino gaming licensee designated to monitor the presence of self-excluded persons; and

- ii. appropriate representatives of the board and division;

- b. refuse wagers from and deny any gaming privileges to any self-excluded person;

- c. deny casino credit, check cashing privileges, player club membership, direct mail and marketing services complimentary goods and services, junket participation and other similar privileges and benefits to any self-excluded person;

- d. enforce the provisions of LAC 42:III.304.D.6.

2. The Casino Operator or Casino Manager and each casino gaming licensee shall distribute a packet of written materials approved by the Division to any person inquiring or requesting information concerning the board's self-exclusion program.

3. The Casino Operator or Casino Manager and each casino licensee shall submit to the board for approval a copy of its procedures established pursuant to LAC 42:III.304.D.4

and E.1 above within 120 days from the date this rule becomes effective. Any amendments to said procedures shall be submitted to the board and approved prior to implementation.

4. If a self-excluded person enters, attempts to enter, or is in the casino gaming establishment and is discovered by the Casino Operator or Casino Manager or any casino gaming licensee, the Casino Operator or Casino Manager or casino gaming licensee shall immediately notify the division of such fact and, unless otherwise directed by the division, immediately eject such excluded person from the casino gaming establishment.

5. Upon discovery of a self-excluded person in the casino gaming establishment, both the security and surveillance departments of the Casino Operator, Casino Manager and casino gaming licensees shall initiate a joint investigation, unless otherwise directed by the division.

- a. The joint investigation shall seek to determine:

- i. responsibility of employees of the gaming establishment for allowing an excluded person to gain access to the casino gaming establishment; and

- ii. the net amount of winnings or losses attributable to the excluded person.

- b. The Casino Operator or Casino Manager and each casino gaming licensee shall provide a written report of the results of the joint investigation to the division.

6. The casino gaming establishment shall ensure that no winnings or losses arising as a result of prohibited gaming activity are paid or recovered by a self-excluded person.

F. Sanctions

1. Any casino gaming licensee, Casino Operator, or Casino Manager who willfully fails to exclude a self-excluded person from the casino gaming establishment shall be in violation of these rules and may be subject to administrative action pursuant to R.S. 27:27.1.J and this Section.

2. The penalty for violation of LAC 42:III.304.F.1 shall be \$25,000 or administrative action including but not limited to suspension or revocation.

G. Removal from Self-Exclusion List

1. Any self-excluded person may, upon the expiration of five years from the date of exclusion, submit a written request to the board for a hearing to have his or her name removed from the self-exclusion list. Such request shall be in writing and state with specificity the reason for the request.

2. The request shall include a written recommendation from a qualified mental health professional as to the self-excluded person's capacity to participate in gaming activities without adverse risks or consequences. The person seeking removal from the self-exclusion list may be required to obtain a separate and independent recommendation from a qualified mental health professional, approved by the hearing officer, as to the self-excluded person's capacity to participate in gaming activities without adverse risks or consequences.

3. If the hearing officer determines that there is no longer a basis for the person seeking removal to be maintained on the self-exclusion list, the person's name shall be removed from the self-exclusion list and his or her exclusion shall be terminated. The division shall notify the

Casino Operator or Casino Manager and all casino gaming licensees of the determination. The Casino Operator, Casino Manger or any casino gaming licensee may continue to deny gaming privileges to persons who have been removed from the list.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 28:1990 (September 2002).

Part VII. Pari-Mutuel Live Racing Facility Slot Machine Gaming

Chapter 29. Operating Standards

§2933. Compulsive or Problem Gamblers-Telephone Information and Referral Service-Posting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and 24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 26:767 (April 2000), repealed LR 28:1993 (September 2002).

Chapter 37. List of Excluded Persons

Chapter 37 is repealed in its entirety.

Part IX. Landbased Casino Gaming

Chapter 29. Operating Standards

§2939. Compulsive or Problem Gamblers-Telephone Information and Referral Service-Posting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 27:15 and R.S. 27:24.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Gaming Control Board, LR 25:1954 (October 1999), repealed LR 28:1993 (September 2002).

Chapter 37. List of Excluded Persons

Chapter 37 is repealed in its entirety.

Part XIII. Riverboat Gaming

Chapter 29. Operating Standards

§2933. Compulsive or Problem GamblersCTelephone Information and Referral Service-Posting

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:501 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, Riverboat Gaming Enforcement Division, LR 21:705 (July 1995), repealed LR 28:1993 (September 2002).

Chapter 37. List of Excluded Persons

Chapter 37 is repealed in its entirety.

Hillary J. Crain
Chairman

0209#020

RULE

Department of Public Safety and Corrections Corrections Services Office of Adult Services

Adult Administrative Remedy Procedure (LAC 22:I.325)

The Department of Public Safety and Corrections, Corrections Services, in accordance with R.S. 15:1171 et seq., Corrections Administrative Remedy Procedure, and the Administrative Procedure Act, R.S. 49:950 et seq., hereby

adopts amendments to the Adult Administrative Remedy Procedure to provide for a period of 90 days from the date of the incident to file the request for remedy rather than 30 days.

Title 22

CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT

Part I. Corrections

Chapter 3. Adult and Juvenile Services

Subchapter A. General

§325. Adult Administrative Remedy Procedure

A. - A.1. ...

2. Inmates are encouraged to continue to seek solutions to their concerns through informal means, but in order to insure their right to use the formal procedure, they should make their request to the warden in writing within a 90 day period after an incident has occurred. If, after filing in the formal procedure an inmate receives a satisfactory response through informal means, the inmate may request (in writing) that the warden cancel his formal request for an administrative remedy.

A.3. - G.1. ...

a. The inmate commences the process by writing a letter to the warden, in which he briefly sets out the basis for his claim, and the relief sought (refer to section "Procedure-Initiation of Process" [Subsection F] for the requirements of the letter). The inmate should make a copy of his letter of complaint and retain it for his own records. The original letter will become a part of the process, and will not be returned to the inmate. The institution is not responsible for furnishing the inmate with copies of his letter of complaint. This letter should be written to the warden within 90 days of an alleged event. (This requirement may be waived when circumstances warrant. The warden, or his designee, will use reasonable judgment in such matters.) The requests shall be screened by the ARP Screening Officer and a notice will be sent to the inmate advising that his request is being processed or is being rejected. The warden may assign another staff person to conduct further fact-finding and/or information gathering prior to rendering his response. The warden shall respond to the inmate within 40 days from the date the request is received at the First Step.

G.1.b. - K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:1171 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, Office of Adult Services, LR 28:857 (April 2002), LR 28:1993 (September 2002).

Richard L. Stalder
Secretary

0209#067

RULE

Department of Public Safety and Corrections Corrections Services Office of Adult Services

Juvenile Administrative Remedy Procedure (LAC 22:I.326)

The Department of Public Safety and Corrections, Corrections Services, in accordance with R.S. 15:1171 et

seq., Corrections Administrative Remedy Procedure, and the Administrative Procedure Act, R.S. 49:950 et seq., has amended the Administrative Remedy Procedure to provide for a period of 90 days from the date of the incident to file the request for remedy rather than 30 days.

Title 22

CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT

Part I. Corrections

Chapter 3. Adult and Juvenile Services

Subchapter A. General

§326. Juvenile Administrative Remedy Procedure

A. - E.1. ...

2. Informal Resolution. Offenders are encouraged to resolve their problems within the institution informally, before initiating the formal ARP process. This informal resolution may be sought by talking to his case manager, counselor, or other staff member. An attempt at informal resolution does not affect the timeframe for filing an ARP; therefore, the offender and staff member assisting with informal resolution must be alert to the 90 calendar day filing timeframe so that the opportunity to file an ARP is not missed when it appears that the situation will not be informally resolved before the expiration of the filing period.

3. - 3.a. ...

b. The offender has 90 calendar days after the incident occurred in which to file a complaint. The ARP is considered "filed" upon receipt by the ARP Coordinator or designee. This includes those ARPs placed in the ARP or grievance box over the weekend or on a legal holiday. The ARP forms shall be available at designated sites at each institution and from case managers.

c. - d. ...

e. Offenders released from secure care prior to filing their ARP should send the ARP directly to the ARP Coordinator. The ARP must be postmarked within 90 days or received within the 90 calendar day timeframe, if not mailed.

4. - 4.b. ...

c. There has been a time lapse of more than 90 calendar days between the event and receipt of the initial request.

d. The date of the event is not on the form. In this case, the form will be returned to the offender to have the correct date noted, however, the original 90 day time limit will still apply.

E.4.e. - F. ...

1. The offender will begin the process by completing the first part of a Juvenile ARP Form, which will briefly set out the basis for the claim and the relief sought. The form must be submitted within 90 calendar days of the incident which caused the grievance. The 90-day requirement may be waived by the warden when circumstances warrant, i.e., if the offender is ill for an extended period of time or if a significant, unusual event affects the offender's ability to file the ARP. The offender may also request a five calendar day extension from the ARP Coordinator if additional time is needed to prepare the ARP.

F.2. - J.2. ...

3. The offender shall then have the normal 90 calendar day deadline from the date the incident occurred or seven calendar days from the date he receives the rejection

(whichever is longer) to submit his request through regular channels beginning with step one.

K. - L.2. ...

3. Discharged Offenders. If an offender is discharged before the review of an ARP, or if he files an ARP after discharge, the institution will complete the processing and will notify the offender at his last known address. (The 90 calendar day timeframe in which to file an ARP applies regardless of whether the offender has been discharged from secure care.)

L.4. - M. ...

N. Juvenile ARP Form

DPS&CCCORRECTIONS SERVICES Number: _____-_____-_____
JUVENILE ARP FORM Date Received: _____
Name: _____ JIRMS Number: _____
Institution: _____ Housing Unit: _____

"THIS IS A REQUEST FOR ARP"

(You may ask your case manager or other staff members for help completing this form.)

State your problem (WHO, WHAT, WHEN, WHERE AND HOW) and the remedy requested (what you want to solve the problem):

Problem: _____

Remedy requested: _____
Date of Incident: _____ Today's Date: _____

This form must be completed within 90 calendar days of the date of the incident and given to the ARP Coordinator or placed in the ARP/grievance box.

Step One ARP Coordinator's Review and Warden's Response
(Maximum Time For Processing: 21 calendar days)

____ Denied ____ Rejected ____ Returned ____ Accepted Date: ____
Reason: _____
Handled Informally By _____

AC's Recommendation:
Sent to Warden on: _____ AC's Signature: _____
Warden's response to your ARP Step One request: _____

Date: _____ Warden's Signature: _____
If you are not satisfied with this response, you may go to Step Two.
The ARP Coordinator must submit your request to the Secretary within 10 calendar days after you receive the Step One response.
Received Step One on: _____ Juvenile's Signature: _____
Request Step Two: yes no Reason for Step Two request: _____

Date Step Two request received by AC: _____ Date Sent to Secretary: _____
AC's Signature: _____

Step Two Secretary's Response
(Maximum Time For Processing: 21 calendar days)

Date Received: _____
Secretary's response to ARP Step Two request: _____

Date: _____
Secretary's Signature
Date received Secretary's response: _____
Juvenile's Signature

If you are not satisfied with this response, you may seek judicial review. A request for judicial review must be submitted to the court within 30 calendar days after receiving the Step Two decision.

O. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 15:1171 et seq.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Corrections Services, Office of Adult Services, LR 28:861 (April 2002), amended LR 28:1994 (September 2002).

Richard L. Stalder
Secretary

0209#068

RULE

Department of Revenue Policy Services Division

Corporation Franchise Tax-Surplus and Undivided Profits (LAC 61:I.305)

Under the authority of R.S. 47:605.A, R.S. 47:1511, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division, amends LAC 61:I.305 relative to adjustments by regulated companies for depreciation sustained but not recorded.

Louisiana Revised Statute 47:605.A states that "When, because of regulations of a governmental agency controlling the books of a taxpayer, the taxpayer is unable to record on its books the full amount of depreciation sustained, the taxpayer may apply to the collector of revenue for permission to add to its reserve for depreciation and deduct from its surplus the amount of depreciation sustained but not recorded, and if the collector finds that the amount proposed to be so added represents a reasonable allowance for actual depreciation, he shall grant such permission." By amending LAC 61:I.305, the Department of Revenue provides guidance concerning the conditions under which adjustments for depreciation sustained but not recorded can be made.

Title 61

REVENUE AND TAXATION

Part I. Taxes Collected and Administered by the Secretary of Revenue

Chapter 3. Corporation Franchise Tax

§ 305. Surplus and Undivided Profits

A. - B.3. ...

C. Adjustment by regulated companies for depreciation sustained but not recorded. When, because of regulations of a governmental agency controlling the books of a taxpayer, the taxpayer is unable to record on its books the full amount of depreciation sustained, the taxpayer may apply to the collector of revenue for permission to add to its reserve for depreciation and deduct from its surplus the amount of depreciation sustained but not recorded, and if the collector finds that the amount proposed to be so added represents a reasonable allowance for actual depreciation, he shall grant such permission.

1. Permission to add to depreciation reserves and reduce surplus must be requested in advance and shall be granted only in those instances in which a governmental agency requires that the books of the corporation reflect a depreciation method under which the total accumulated depreciation reflected on the books is less than would be

reflected if the straight-line method of depreciation had been applied from the date of acquisition of the asset. The period over which depreciation shall be computed shall be the expected useful life of the asset.

2. The amount of adjustment shall be the amount of accumulated depreciation which would be reflected on the books if the straight-line method had been applied from the date of acquisition of the asset, less the amount of accumulated depreciation actually reflected on the books.

3. Permission granted by the secretary shall be automatically revoked upon a material change in the facts and circumstances presented by the taxpayer.

4. Permission granted by the secretary shall be for a period of six years, at which time the taxpayer must reapply for permission to continue making the adjustment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:605 and R.S. 47:1511.

HISTORICAL NOTE: Promulgated by the Department of Revenue and Taxation, Income and Corporation Franchise Taxes Section, Office of Group III, LR 6:25 (January 1980), amended LR 11:108 (February 1985), LR 28:1995 (September 2002).

Cynthia Bridges
Secretary

0209#056

RULE

Department of Social Services Office of Community Services

Low-Income Home Energy Assistance and Weatherization Assistance Programs (LAC 67:V.Chapters 5 and 9)

The Department of Social Services, Office of Community Services amended the Louisiana Administrative Code, Title 67, Part V, Subpart 2, Chapter 5 and Chapter 9, to delete the Low-Income Home Energy Assistance Program and the Weatherization Assistance Program from its array of administered programs. Act 702 of the 2001 Regular Legislative Session transferred authority to administer the Low-Income Home Energy Assistance Program and the Weatherization Assistance Program from the Department of Social Services, Office of Community Services, to the Louisiana Housing Finance Agency. This became effective on July 1, 2001. The programs themselves are not being repealed, but moved under a different governmental entity.

Title 67

SOCIAL SERVICES

Part V. Office of Community Services

Subpart 2. Community Services

Chapter 5. Low Income Home Energy Assistance Program

This Chapter has been repealed in its entirety.

Chapter 9. Weatherization Assistance Program

This Chapter has been repealed in its entirety.

Gwendolyn P. Hamilton
Secretary

0209#064

RULE

Department of Social Services Office of Family Support

Teen Pregnancy Prevention Program
Expanding Targeted Groups
(LAC 67.III.5403 and 5405)

The Department of Social Services, Office of Family Support, has amended the Louisiana Administrative Code, Title 67, Part III, Subpart 14, Teen Pregnancy Prevention. These amendments are necessary to further the goal of *Keeping It R.E.A.L.*, Louisiana's Teen Pregnancy Prevention Program, to reduce the number of unwed pregnant and parenting teens.

Pursuant to the authority granted to the Department by the Louisiana Temporary Assistance to Needy Families (TANF) Block Grant, the agency has expanded the targeted groups of participants from 11-19 years to 8-21 years.

Title 67

SOCIAL SERVICES

Part III. Office of Family Support

Subpart 14. Teen Pregnancy Prevention

Chapter 54. Teen Pregnancy Prevention Program

§5403. Strategy

A. - B.3 ...

C. There are three target groups involved in reducing teen pregnancy:

1. 8-21 year old students and non-students;

2. - D. ...

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq., R.S.36:474.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 27:1019 (July 2001), amended LR 28:1996 (September 2002).

§5405. Goals and Objectives

A. The program objective is to create community, faith- and school-based programs which will present age-appropriate educational material to a targeted population ranging in age from 8-21 years. This includes elementary, middle, high school, and college students and others in this age group who are no longer in school. All services are provided by contracted providers.

B. To reduce the number of births, intermediate goals are established according to age groups.

1. For the children aged 8-13 (grades 3-8), the following intermediate goals have been set:

a. - 2.g. ...

3. For teenagers and young adults aged 17-21 (upper high school, college, non-students, current teen parents), the same goals in §5405.B.2 will apply with the addition of the following:

a. - c. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.36:474.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 27:1019 (July 2001), amended LR 28:1996 (September 2002).

Gwendolyn P. Hamilton
Secretary

0209#074

RULE

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Alligator Tag Fee (LAC 76:V.701)

The Wildlife and Fisheries Commission does hereby suspend a portion of the alligator tag fee.

Title 76

WILDLIFE AND FISHERIES

Part V. Wild Quadrupeds and Wild Birds

Chapter 7. Alligators

§701. Alligator Regulations

A. The Department of Wildlife and Fisheries does hereby establish regulations governing the harvest of wild populations of alligators and alligator eggs, raising and propagation of farmed alligators, tanning of skins and regulations governing the selling of hides, alligator parts and farm raised alligators. The administrative responsibility for these alligator programs shall rest with the Department Secretary; the Assistant Secretary, Office of Wildlife; and the Fur and Refuge Division.

1. - 3. ...

4. Licenses, Permits and Fees

a. The licenses and fees required for activities authorized by these regulations are as prescribed under provisions of Title 56, or as prescribed in these regulations, and are:

i. - x. ...

xi. \$4 for each alligator hide tag; provided however, that this Commission does hereby suspend the collection of \$2 of the \$4 tag fee. This suspension shall commence in September 2002 and continue for a period of 2 years or until such time this commission takes further action, whichever occurs first;

4.a.xii. - 17.c. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:115, R.S. 56:259, R.S. 56:262, R.S. 56:263, and R.S. 56:280.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 16:1070 (December 1990), amended LR 17:892 (September 1991), LR 19:215 (February 1993), LR 20:321 (March 1994), LR 26:1492 (July 2000), LR 28:1996 (September 2002).

Thomas M. Gattle, Jr.
Chairman

0209#040

RULE

Department of Wildlife and Fisheries Wildlife and Fisheries Commission

Cypress Lake and Black Bayou Reservoir Netting
Prohibition (LAC 76:VII.195)

The Wildlife and Fisheries Commission hereby establishes the following rule on commercial netting in Cypress Lake and Black Bayou Reservoir in Bossier Parish, Louisiana.

Title 76

WILDLIFE AND FISHERIES

Part VII. Fish and Other Aquatic Life

Chapter 1. Freshwater Sports and Commercial Fishing

§195. Cypress Lake and Black Bayou Reservoir Netting Prohibition

A. The Wildlife and Fisheries Commission hereby prohibits the use of gill nets, trammel nets, and fish seines in Cypress Lake and Black Bayou Reservoir, Bossier Parish, Louisiana.

B. Effective with this prohibition, no person shall possess any gill net, trammel net or fish seine while on the

waters of Cypress Lake or Black Bayou Reservoir. In addition, no person shall take, possess or sell any fish, which was taken with a gill net, trammel net or fish seine from Cypress Lake or Black Bayou Reservoir.

AUTHORITY NOTE: Promulgated in accordance with R.S. 56:22.

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 28:1997 (September 2002).

Thomas M. Gattle, Jr.
Chairman

0209#039